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ABSTRACT

This manual is designed to provide school administrators, child abuse designees, and other personnel with the information necessary to: (1) identify children who may be abused and/or neglected; (2) report suspected cases to the Department of Health and Rehabilitative Services; (3) comply with child protective investigations; (4) provide supportive services to meet the needs of maltreated children within a school setting; (5) make referrals for students and families to programs and outside agencies as appropriate; and (6) obtain resources and assistance within the school district to help personnel fulfill above responsibilities. The manual is divided into five main sections. The first section discusses identification. The second section discusses reporting and compliance, including a reporting guide, the school board mandatory reporting policy, taking a child into custody, and interviewing on school grounds. The third section focuses on supportive services, including impairments of maltreated children, specific supportive services, the process of developing supportive services, and final outcomes. The fourth section discusses training, including goals and objectives, the Children Who Hurt Cannot Learn Series, and audiovisual materials. The last section describes additional resources related to reporting, support groups, shelters, prevention, counseling, and the school district. The appendix includes the relevant Florida statute and personal safety curriculum training guides for elementary and secondary students. (ABL)

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CHILD ABUSE AND NEGLECT PROGRAM AND RESOURCE MANUAL



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**BROWARD COUNTY PUBLIC SCHOOLS
FORT LAUDERDALE, FLORIDA**

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Irene Greene	M.S.W.
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Bonnie Wedeking	L.C.S.W.

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TO OUR READERS

We hope this manual will assist you with the task we mutually share, that is, the protection and support provided to the children and families within the Broward County Public Schools family.

Carol A. Smith, Director
School Social Work and Attendance Department

INTRODUCTION

Child abuse and neglect are significant problems in today's society. As such, they have implications for school management, instruction, and student services. **Maltreated children are at high risk for:**

- substance abuse
- suicide
- truancy
- other behavioral disorders
- social and emotional problems
- academic failure
- dropping out.

This manual is designed to provide school administrators, child abuse designees and other personnel with the information necessary to:

- identify children who may be abused and/or neglected
- report suspected cases to the Department of Health and Rehabilitative Services
- comply with child protective investigations
- provide supportive services to meet the needs of maltreated children within a school setting
- make referrals for students and families to programs and outside agencies as appropriate
- obtain resources and assistance within the school district to help you fulfill the above responsibilities.



SECTION I

IDENTIFICATION

IDENTIFICATION

As school personnel, we have a unique opportunity to contribute to the identification and reporting of child abuse and neglect. This section will explain the types of abuse and neglect and will present specific behaviors which may signal that a child is being abused or neglected. **The four types of abuse and neglect are: neglect, physical abuse, sexual abuse and psychological maltreatment.** Legal definitions appear in Florida Statute 415 (Appendix A1 and A2).

Neglect:

This type of maltreatment is usually chronic in nature. It refers to a **caretaker's failure to provide for the emotional and physical growth of the child.** This failure may be due to many factors, including stress or depression, personality disorders, and alcohol or other substance abuse by the parent. Furthermore, this failure must occur over time and must reflect a nonresponsiveness to supportive interventions by the school or other community agencies. The school is a vital source of help to neglectful families in terms of referrals and support.

Neglectful parents have frequently been neglected themselves as children. Hence, a generational pattern is often seen. Apathy, futility, isolation and hopelessness are general characteristics frequently encountered in neglectful families. **The interventions which we can make are significant in breaking the generational chain of neglect.** Supportive services which the school can provide are delineated in a later section in this manual.

Indicators of Neglect:

- Child exhibits consistent hunger, poor hygiene and inappropriate dress (such as lack of shoes or underwear, lack of proper clothing for given weather conditions).
- Unsafe conditions in the home (such as exposed electrical wiring or rotted floor boards).
- Child is chronically listless and/or sleepy (frequently sleeps during class).

- Evidence of the lack of supervision when child may be involved in dangerous activities or over an extended length of time.
- Unattended physical needs and/or medical needs which are harmful to the child's growth and development or may be life-threatening. This may include chronic illness that is unattended or chronic cases of head lice with excessive school absences and unsuccessful intervention by school and health personnel.
- Verbalization by the child that there is no one to care for him/her.
- Child is expected to meet the emotional needs of the parent (such as constant attendance to the parent's problems, needing to continually reassure and soothe the parent, assuming parental responsibility for the care of other children in the family or care of the household).

Physical Abuse:

This type of maltreatment includes non-accidental physical injuries caused by the child's caretaker(s). Intent to injure is not a prerequisite to report. Physical abuse could occur when a child is overdisciplined or when the discipline is not appropriate to the child's age or condition. **Physical evidence of this type of abuse need not be present.** Verbalizations by the child together with other behavioral indicators may be all that is necessary to report a suspected case of physical abuse.

Indicators of Physical Abuse:

- Bruises or welts which are not explained in a logical or consistent manner . . . note the child's affect and body language when explanation is not plausible or forthcoming.
- Burns, especially on the soles of the feet, palms of the hands, back or buttocks.
- Fractures which cannot be explained plausibly.
- Lacerations or abrasions.
- Repeated pattern of injuries, even when logical explanations are given.

- Wariness of adult contacts (child withdraws quickly when touched or spoken to).
- Extreme anxiety when other children are crying.
- Extremes in behavior (aggressiveness, withdrawal, overly compliant).
- Fears to leave school or consistently arrives early to school.
- Complaints of soreness or discomfort (or observed discomfort by school personnel).
- Self-destructive or aggressive/violent behavior toward others.
- Clothing is inappropriate to season (long-sleeved shirts, long pants, turtle-neck shirts or sweaters when the weather is hot or very mild).
- Runaway behavior which is chronic.
- Frequent absence from school with unsubstantiated illness as explanation.

Additional Indicators in Special Needs Children:

- Chronic bruising under the arms in physically non-ambulatory children (type of bruising which could occur when improperly transferring a child from bed or toilet to wheelchair).
- Pain/swelling in shoulder and wrist areas.
- Changes in emotional affect or behavior in non-verbal children together with other indicators.
- Bruising to the facial areas around the mouth for those children who are not able to feed themselves.
- Constant infections due to non-treatment in the home (such as not catheterizing the child at home or failing to provide necessary devices such as prostheses or eyeglasses).

Sexual Abuse:

This type of maltreatment refers to molestation of the child and may include fondling, exposure, masturbation, intercourse or sodomy. It refers to contacts between a child and a caretaker when the child is being used for the sexual stimulation of the caretaker. The caretaker may be an adult or an older child who has been given the responsibility of supervision.

Effective early intervention can change the lives of many children, so that serious emotional disturbance is prevented from being integrated into the child's personality. Since sexually abused children usually live under the perpetrator's threat of harm to them and/or their family, they fear exposing their abuse. Warning signs become significant for school personnel to know. When children do verbalize about their victimization, **listen to and believe them.. Children rarely lie about this form of abuse.**

Indicators of Sexual Abuse:

Child demonstrates **anxiety behaviors** such as:

- thumbsucking
- enuresis (bedwetting) or encopresis (fecal soiling)
- speech disturbances (such as stuttering or other articulation problems)
- school phobia (irrational fear of school attendance)
- excessive clinging
- biting or rocking
- general withdrawal
- non-accidental setting of fires
- destructive behavior toward toys and/or animals.

Child complains of **aches, pains and generalized or specific discomfort** to certain areas of the body:

- stomach aches
- difficulty in walking or sitting
- bruises, bleeding or discharges in genital area
- sexually transmitted diseases
- frequent urinary or yeast infections
- frequent unexplained sore throats
- damage to the gums or other soft tissue areas of the mouth.

Child exhibits **sexual “acting out” behaviors**:

- simulation of sexual activity in art work, or when playing with dolls
- promiscuity in older children
- excessive masturbation
- seductive behavior inappropriate to age and situation
- precocious knowledge of sexuality
- inappropriate touching of peers or school personnel.

Child's behavior is characterized by **extremes**:

- compliant, passive
- obsessive or compulsive behavior
- mood swings

- aggressive, demanding
- fantasy, infantile
- drop in academic performance
- "driven" need to achieve academically.

Familial Indications of Incest:

- exhibits isolation
- overly strict home where child is not allowed to participate in after school activities, spend time at others' homes and, as adolescence approaches, is forbidden contact with children of the opposite sex
- role-reversal (child acts like a parent)
- child behaves in a pseudo-mature manner (child acts in a mature way but reverts to very childlike behavior in stressful circumstances).

Psychological Maltreatment:

The five main kinds of **psychological maltreatment** include **ignoring, isolating, terrorizing, rejecting, or corrupting**:

- (1) **ignoring** - failure to attend to a child's physical and/or emotional needs on a consistent basis; deliberate withholding of nurturance and emotional support.
- (2) **isolating** - preventing the child from engaging in normal social interaction within the family and with peers.
- (3) **terrorizing** - threatening (verbally or physically), yelling and screaming at the child, deliberate scaring, waking the child up during the night. This also includes the home situation where chaos and violence are the norm.
- (4) **rejecting** - active failure to meet the child's needs; blaming and belittling which undermine the child's self-esteem.
- (5) **corrupting** - seeking to make the child unfit for normal social roles. Examples of this include prostitution, pornography, allowing or encouraging the child to use alcohol or drugs, or using a child for other illegal purposes.

In order to report a suspected case of psychological maltreatment, **evidence of impairment in emotional, social and/or intellectual functioning must be present**. The caretakers must have demonstrated an unwillingness to get help. The maltreatment must be chronic and intense.

Indicators of Psychological Maltreatment:

- Anxiety disorders such as sucking, biting, rocking, facial tics, enuresis (bedwetting), encopresis (fecal soiling) or eating disorders.
- Withdrawal, depression, anti-social behaviors (cruelty to animals, themselves, others, stealing, setting fires).
- Sleep disorders, inhibition in play.
- Chronic verbalizations of illness, school phobic behaviors (irrational fear of school attendance).
- Overly adaptive behaviors (adult-like, infantile).
- Lags in emotional and intellectual development.
- Attempted suicide.
- Drug/alcohol misuse.
- Delinquent behaviors.
- Asthma, ulcers, severe allergies (when occurrence seems chronic and stress-related).

Familial Indicators of Psychological Maltreatment:

- Parents blame the child for all of the family's problems (or ignore the child's problem).
- Parents refuse all offers of help or referrals for help.
- Parents appear unconcerned about the child's welfare.
- Parents verbalize abrasive and rejecting descriptions of child on a consistent basis.

Points to Consider:.

To report a suspected case of child abuse and neglect, only a **"reason to believe"** that abuse or neglect has occurred is necessary. Investigation is not necessary or encouraged. That is the task of HRS.

Look for **patterns, repetition, and severity**. The indicators mentioned in this section are only signs. One indicator does not necessarily mean abuse and neglect has occurred. Of course, blatant physical abuse or a verbalization of sexual abuse are exceptions. Always report these situations.

Without your intervention help will not be made available to parents who abuse or neglect their children. The abuse or neglect will continue, and the child's suffering becomes a block to social, emotional, and intellectual growth.

Remember, all school personnel are **legally, morally** and **ethically** responsible to look for and report signs of abuse and neglect in the students they teach and support.



SECTION II

REPORTING & COMPLIANCE

REPORTING AND COMPLIANCE

General Information

All administrators and school personnel are required by law to report suspected cases of child abuse and neglect. **Failure to report may result in the individual being charged with a second degree misdemeanor**, punishable by up to sixty days imprisonment and/or up to a \$500.00 fine.

In order to facilitate reporting, the principal of every **school** is requested each year to appoint someone to serve as a **child abuse designee**. The responsibilities of the designee include:

- to be familiar with Florida's child abuse law (Florida Statute 415)
- to be a resource to school principal and other school personnel in his/her school to identify child abuse and neglect, and to facilitate the process of reporting
- to provide support services to teachers and school personnel who must deal with identified children of child abuse and neglect returning to school
- to function as a liaison with the child abuse and neglect coordinators of the School Social Work and Attendance Department as consultants in identifying and reporting child abuse and neglect and providing additional training to school staff, when indicated
- to have a working relationship with the Department of Health and Rehabilitative Services' staff responsible for receiving and investigating referrals and to facilitate feedback between both departments
- to be familiar with community resources and to have a directory available to facilitate community referrals for students and parents.

CHILD ABUSE AND NEGLECT REPORTING GUIDE

State law requires that all school board employees report any suspected cases of child abuse and neglect.

1. Determine whether the abuse situation is physical, emotional, sexual or neglect. Refer to the indicator guide (Child Abuse and Neglect Report Form 4002B) for reinforcement of decision and to prepare for a report to HRS.
2. If further consultation is needed before you decide to make a report, you may refer to the following:
 - a) Child Abuse & Neglect designee in your school
 - b) School Social Work and Attendance Child Abuse/Neglect Coordinator for your area (786-7749)
 - c) Guidance
 - d) School Social Worker/Visiting Teacher
 - e) Health Services
 - f) Classroom Teacher
 - g) Child Protection Team (779-1430)
 - h) Sexual Assault Treatment Center (765-4124)
 - i) Personal interview with student if deemed necessary
 - j) Internal Affairs (765-6202)
3. If a decision to report is made, it is best practice to inform the principal (or principal's designee) before making the report. The report should be made by the person who has the most first-hand knowledge of the situation.
4. Make the oral report to Health and Rehabilitative Services. In making this report, you may want to use the Child Abuse and Neglect Report Form (4002B) as a guide.

Toll-free Hot-line Number: 1-800-96-ABUSE

At the time the oral report is made, you may request that you be notified when the investigation has been completed. The notification may take up to 40 days following the report date.

If the Hot-line refuses to accept the report, you should phone the local HRS office to make a Request for Services:

Local Area Offices:

North: 978-9044

Central: 797-8205

South: 985-2740

5. Complete a written confirmation of your oral report within 48 hours, using Form 4002B. Call Internal Affairs. They will send the area investigator to your school to pick up all copies of the report and distribute them.

Schools will receive a supply of Form 4002B at the beginning of each school year. Additional copies may be obtained as necessary by phoning School Social Work and Attendance at **786-7749**.

6. If HRS does not respond before the end of the school day, and there is grave concern for the student's welfare, call the local police or sheriff's department.
7. If HRS or law enforcement comes to the school to initiate the investigation and determines that the student needs to be taken into protective custody, the procedures as listed in Board Policy 1162 must be followed.
8. Florida statute 415.505 specifies that when the initial interview is conducted on school grounds HRS or the law enforcement agency *may* allow a school instructional staff member who is known by the child to be present *if*:
 - a) HRS or law enforcement believes that the interview will be more successful if the staff member is present *and*
 - b) the child requests or consents to the presence of this person.

If the principal disagrees with the decision of HRS or law enforcement regarding the presence of a school staff member in the interview, he/she may request that the interview be held off school grounds. Before making this decision the principal should give careful consideration as to whether or not this would be in the student's best interest.
9. Any information relating to the report, investigation, or follow-up is strictly confidential. Sharing of information must be limited to professional situations pertinent to dealing with the treatment of the child. Discretion must be used. Breach of confidentiality may result in the filing of criminal charges.
10. If the HRS caseworker does not contact the school and the school has further information which might expedite the investigative process, then the child abuse designee at the school may provide follow-up services. The designee may phone HRS, give the child's name and the date the report was made, and request the name of the assigned caseworker. Contact may be made with the caseworker and additional information communicated.
11. Consider the child's need for supportive services after a report is made. Training and consultation are available to child abuse designees and other school personnel through the area child abuse/neglect coordinator. Supportive services may minimize the traumatic impact upon the child due to the report and ensuing investigations.

Specific Information

Policies and procedures of both Broward County Public Schools and the Department of Health and Rehabilitative Services will have effects on your performance in reporting suspected child abuse and complying with child protective investigations. Therefore, it is important that you become familiar with:

- School Board policy on mandatory reporting (6Gx6-5.3)
- School Board policy on taking a dependent child into custody (6Gx6-1162, Supplement #26 and #23)
- School Board Child Abuse and Neglect Report Form (4002B)
- Memorandums from the Florida Department of Education and HRS regarding interviewing of alleged victims of child abuse on school grounds.
- School Board memorandum regarding the release of confidential school records and information to HRS.

These documents follow in the order listed above.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

6Gx6-5.3

6Gx6-5.3

Mandatory Reporting of Child Abuse and/or Neglect

To comply with Florida Statute 415.504 which makes mandatory the reporting of child abuse and/or child neglect, any teacher or other school employee who has reason to believe that a child has been subject to abuse/neglect shall report this observation to the principal. A report of the pertinent details shall then be made by the school employee and/or the principal to the Central State Child Abuse Registry by calling the toll-free number (1-800-342-9152).

Florida Statute 415. 504 provides for anonymity of the person making the report. Florida Statute 415.504 provides penalties: "Any person who willfully or knowingly makes public or discloses any information contained in the child-abuse registry or the records of any child-abuse case . . . may be held personally liable. Any person injured or aggrieved by such disclosure shall be entitled to damages."

Authority: F.S. 230.22 (1) (2)

Procedures Adopted: 9/5/74; 5/18/78

Amended Procedures Approved 11/1/84

Taking a Dependent Child Into Custody

A CHILD, ALLEGED TO BE DEPENDENT, MAY BE TAKEN INTO CUSTODY PURSUANT TO CHAPTER 39.401 OF FLORIDA STATUTES AND THE RULES OF THIS POLICY BY AN AUTHORIZED AGENT OF THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES OR BY A LAW ENFORCEMENT OFFICER, IF THE OFFICER OR AGENT HAS REASONABLE GROUNDS TO BELIEVE THAT THE CHILD HAS BEEN ABANDONED, ABUSED, OR NEGLECTED, IS SUFFERING FROM ILLNESS OR INJURY, OR IS IN IMMEDIATE DANGER FROM HIS/HER SURROUNDINGS AND THAT HIS/HER REMOVAL IS NECESSARY TO PROTECT THE CHILD.

Rules

1. If any representative of HRS or other law enforcement agency appears on campus with a court order stating that they have the authority to take a particular child into custody, the court order should be a certified copy which should have an impression seal imprinted on the document with a statement by the Clerk of the Court certifying it to be a certified copy of the original. That document or a photocopy thereof should be placed in the student folder upon taking of the child into custody.
2. However, before any representative of HRS or other law enforcement agency attempts to take a child into custody from a school, as authorized under Chapter 39.401 of the Florida Statutes, he/she will contact the School Board's Department of Internal Affairs. An Internal Affairs investigator will be dispatched to the school to oversee the taking of the child into custody.
3. Before any dependent child is taken into custody, the Internal Affairs Investigator shall verify the affiliation of the person representing the agency desiring to take the child into custody.
4. Before a dependent child shall be released to HRS or a law enforcement officer without a court order, the following release form attached hereto and made a part hereof by reference, shall be executed by the agency representative and witnessed by the Department of Internal Affairs Investigator as well as a representative of the school from which the child is being taken into custody. The release form will be placed in the student folder and the incident will be recorded in the files of the Department of Internal Affairs.
5. It shall be the responsibility of the governmental agency taking the dependent child into custody to make every effort to advise the parents of same.

Authority: F.S. 230.22 (1) (2)
Approved as Emergency Rules # ER82-2: 3/18/82

Rules Adopted: 4/15/82

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

RELEASE FORM

The purpose of this release form is to provide documentation for a school's records when releasing a dependent child to the custody of an authorized agent of the Department of Health and Rehabilitative Services or law enforcement officer pursuant to Florida Statutes 39.401 (1) (B) which states:

Taking a child alleged to be dependent into custody. —

(1) A child may be taken into custody:

(b) By law enforcement officer, or an authorized agent, of the department, if the officer or agent has reasonable grounds to believe that the child has been abandoned, abused, or neglected, is suffering from illness or injury, or is in an immediate danger from his/her surroundings and that his/her removal is necessary to protect the child.

Prior to the time that any dependent student is authorized to be taken into custody, procedures as listed in Board Policy 1162 shall be followed.

AFFIRMATION OF AUTHORITY

I am taking _____ into
(Child's Name) (Date of Birth)
protective custody pursuant to Chapter 39.401 of Florida Statutes. Upon
removal of the aforementioned child from _____
(School's Name)
the Department of Health and Rehabilitative Services shall assume full
responsibility for the child and for notifying the child's parent/guardian.

Signature of Authorized HRS Agent
or law enforcement officer

Date and Time of Day

Witnessed by:

Signature of School Official

Signature of Department of
Internal Affairs Investigator

Child Abuse and Neglect Report Form

PURPOSE:

This form is to be completed and submitted within forty-eight (48) hours of making an oral report of alleged child abuse/neglect to the Department of Health and Rehabilitative Services (HRS). This form meets the legal requirements for submitting a written report to HRS and further provides the school system with internal statistical information. Follow-up support services may also be initiated from the child abuse/neglect coordinator with this form.

DISTRIBUTION:

This form is a **confidential** document. **DO NOT** pony this document. Telephone Internal Affairs and request that an investigator come to the school and personally accept **all copies** of the form from the reporter. Internal Affairs will distribute original to HRS, copy to School Social Work and Attendance Department and keep a copy.

COMPLETION OF FORM:

I. Identifying Information:

Enter all information requested in the space provided including age, date of birth (DOB), sex, grade, and race.

II. Case Information:

Circle the type(s) of suspected abuse/neglect.

Refer to attached list of child abuse/neglect indicators and list observed indicators. Make any additional comments you may have.

If you have telephoned the Hotline (1-800-342-9152) or the HRS local office (77-ABUSE), please check which office you contacted.

If you have contacted law enforcement, please enter the name of the Police Department or check the space for Broward Sheriff's Office (BSO) if applicable.

If you have any other information about the child or the situation which might be helpful in the investigation process, please make your comments on the lines designated for other pertinent information.

III. Reporter Information:

Check Yes or No by the statement granting HRS permission to reveal your name to anyone involved in the investigation.

If you check Yes, then HRS may reveal your name to anyone involved in the investigation, including the alleged perpetrator.

If you check No, your name may only be released to the State Attorney's Office and HRS. It is possible that if the case actually proceeds to court, you may be subpoenaed to appear as a witness by virtue of your school affiliation. However, very few cases actually go to court. The fact that you are the reporter will still not be disclosed.

Only a court may order that your name be released as the reporter. This might occur when the credibility of the report is being questioned in court. Once again, this is highly unlikely to occur.

Check Yes or No by the statement requesting notification when the investigation is concluded.

Your signature on this form is optional. However, in the best interests of the child, you are encouraged to identify yourself rather than make an anonymous report. You may be the only one who has information to protect the child.

Check Yes or No if you wish follow-up assistance from your School Social Work and Attendance Department Child Abuse/Neglect Coordinator.

CLUES TO LOOK FOR IN DETECTION*

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
PHYSICAL ABUSE	Unexplained bruises and welts: —on face, lips, mouth —on torso, back, buttocks, thighs —in various stages of healing —clustered, forming regular patterns —reflecting shape of article used to inflict (electric cord, belt buckle) —on several different surface areas —regularly appear after absence, week-end, or vacation —human bite marks —bald spots Unexplained burns: —cigar, cigarette burns, especially on soles, palms, back, or buttocks —immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitals) —patterned like electric burner, iron, etc. —rope burns on arms, legs, neck, or torso Unexplained fractures: —to skull, nose, facial structure —in various stages of healing —multiple or spiral fractures Unexplained lacerations or abrasions: —to mouth, lips, gums, eyes —to external genitalis	Wary of adult contacts Apprehensive when other children cry Behavioral extremes: —aggressiveness, or —withdrawal —overly compliant Afraid to go home Reports injury by parents Exhibits anxiety about normal activities, e.g., napping Complaints of soreness and moves awkwardly Destructive to self and others Early to school or stays late as if afraid to go home Accident prone Wears clothing that covers body when not appropriate Chronic runaway (especially adolescents) Cannot tolerate physical contact or touch
PHYSICAL NEGLECT	Consistent hunger, poor hygiene, inappropriate dress Consistent lack of supervision, especially in dangerous activities or long periods Unattended physical problems or medical needs Abandonment Lice Distended stomach, emaciated	Begging, stealing food Constant fatigue, listlessness or falling asleep States there is no caretaker at home Frequent school absence or tardiness Destructive, pugnacious School dropout (adolescents) Early emancipation from family (adolescents)

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
SEXUAL ABUSE	Difficulty in walking or sitting Torn, stained or bloody underclothing Pain or itching in genital area Bruises or bleeding in external genitalis, vaginal or anal areas Venereal disease Frequent urinary or yeast infections Frequent unexplained sore throats	Unwilling to participate in certain physical activities Sudden drop in school performance Withdrawal, fantasy or unusually infantile behavior Crying with no provocation Bizarre, sophisticated, or unusual sexual behavior or knowledge Anorexia (especially adolescents) Sexually provocative Poor peer relationships Reports sexual assault by caretaker Fear of or seductiveness toward males Suicide attempts (especially adolescents) Chronic runaway Early pregnancies
EMOTIONAL MALTREATMENT	Speech disorders Lags in physical development Failure to thrive (especially in infants) Asthma, severe allergies, or ulcers Substance abuse	Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (antisocial, destructive, etc.) Neurotic traits (sleep disorders, inhibition of play) Behavioral extremes: —compliant passive —aggressive, demanding Overly adaptive behavior: —inappropriately adult —inappropriately infantile Developmental lags (mental, emotional) Delinquent behavior (especially adolescents)

*From Cynthia Crosson Tower, *Child Abuse and Neglect: A Teacher's Handbook for Detection, Reporting, and Classroom Management*, pp. 82-83. Copyright 1984 by the National Education Association of the United States. Reproduced with permission.

OFFICIAL DOCUMENT — DO NOT REPRODUCE
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
CHILD ABUSE AND NEGLECT REPORT FORM

CONFIDENTIAL FORM
(F.S. 415.51)

IDENTIFYING INFORMATION

School _____	Phone _____	Age _____
Child _____		DOB _____
Child's Address _____		Sex _____
City _____ State _____ Zip _____		Grade _____
Parent(s) / Guardian(s) _____		Race _____
Address _____		
City _____ State _____ Zip _____		
Home Phone _____	Work Phone _____	
Siblings: _____		

CASE INFORMATION

Circle the type(s) of suspected maltreatment:

Physical Abuse Sexual Abuse Neglect Psychological Maltreatment

Refer to the attached chart of child abuse/neglect indicators. List observed indicators (physical and/or behavioral) of possible child maltreatment:

Additional comments: _____

Date and time reported to HRS _____

Check one: _____ Hotline 1-800-342-9152 _____ HRS Local Office 77-ABUSE

Is law enforcement involved? If so, name of Police Department _____

or BSO _____ Name of Officer or Aide (if known): _____

Other pertinent information (e.g., relevant health information; knowledge of family situation; student services involvement; prior abuse; drop in grades) _____

REPORTER INFORMATION

____ Yes ____ No I made the report to HRS anonymously (Do not sign if reported anonymously).
____ Yes ____ No I hereby grant the HRS Department permission to reveal my name during the course of its investigation, if the department determines it is necessary to do so.
____ Yes ____ No I wish to be notified by HRS when the investigation is concluded.

My signature does not give authorization to use my name as the reporter.

Signature (Optional) _____ Date _____

Title _____ Phone _____

Do you wish follow-up assistance from your School Social Work and Attendance Department Child Abuse/Neglect Coordinator? Yes ____ No ____

NCR: Give all completed copies to Internal Affairs Officer for distribution
WHITE copy - HRS, YELLOW copy - Internal Affairs, PINK copy - SSWAD

4002B

Approved June 1986

Revised July 1987

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Specific Supportive Services

Let's go back to our descriptions of Johnny and Susie. If you will recall, Johnny was aggressive and uncontrollable and as a result caused his teacher to become quite exasperated. Susie, on the other hand, was so passive and pliable that she was like a rag doll, equally as disturbing to her teacher as Johnny was to his. Both children may be experiencing some form of emotional distress as a result of maltreatment in the home, and may be acting out those feelings with the teacher as primary target. However, to the teacher or other school personnel involved on a daily basis with them, these behaviors can be a cause for extreme frustration. The teacher's inclination is to respond to this frustration with anger and hostility when interventions toward resolution of the problem are met with the child's resistance.

Angry or hostile responses are both damaging and unproductive to the teacher and the child and rarely accomplish anything. The teacher's response of anger or hostility is understandable. What is necessary, however, is for the teacher to try to pick the issue apart somewhat and assess each component of it with a more objective approach. For example, Johnny may be a physically abused child living in a dangerous, hostile, and unpredictable environment. His acting out behavior, which is a defensive expression of the turmoil in his life, serves to provide a sense of structure and control in his life. He is essentially setting himself up to be dealt with in a hostile and angry manner as he is dealt with at home. For the teacher to respond with anger or aggression to his behaviors only serves to exacerbate the problem.

School personnel need information about a variety of supportive interventions which may be utilized in an attempt to not only remediate the problems within the classroom but to assist the student with the distress.

Establishing a Working Relationship

Working on an individual basis is always an important supportive service for an abused or neglected child. These children need, and may demand, extra attention. Guidance personnel and school social workers are not the only resource for individual counseling. This is also an appropriate activity for teachers, administrators, and sometimes non-instructional personnel. Be aware that a maltreated child will have specific needs related to the disclosure and reporting of alleged abuse or neglect. The ensuing investigation by HRS (and possibly the police) will be traumatic for the child. **We offer the following suggestions:**

- When a child discloses abuse to you, indicate that you are concerned for the child and you believe him.
- Control your own emotions. Do not express shock, disgust, or revulsion.

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(Facsimile)

STATE OF FLORIDA
DEPARTMENT OF EDUCATION

July 16, 1986

M E M O R A N D U M

TO: District School Superintendents
FROM: Douglas W. Crawford
SUBJECT: Child Abuse Investigation

Enclosed for your information is a memorandum that was forwarded to Children, Youth and Family (CYF) Senior Services Program Managers by Mrs. Betsy Webb, Children, Youth and Family Program Office, Department of Health and Rehabilitative Services. The memorandum clarifies a section of CSSB 194 (see enclosed) relating to child abuse investigation. You may wish to share Mrs. Webb's memorandum with school principals in your district.

ddm

Enclosures

cc: Student Services Directors

(Facsimile)

HRS STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

July 3, 1986

PDCYFC (Betsy Webb)

SUBJECT: Committee Substitute/Senate Bill 194

TO: CYF Senior Human Services Program Managers

The attached bill, which went into effect July 1, 1986, is fairly self-explanatory and requires no massive implementation plans. It does warrant clarification in one section.

Section 415.505 (1)(i) now gives our staff and law enforcement the authority to allow certain school personnel to be present during the initial interview with a child if the interview takes place at school. The term "school instructional staff member" has already raised a question since, to the Department of Education, that term does not include principals. We called the legislative staff who were involved in drafting this bill and asked if that were the intent. It was not.

This law was intended to allow any school personnel, except secretarial support staff, who is close to the child to be present during the interview if the child requests or consents to that person's being there. There was no intent to eliminate principals.

Please advise staff of this law and the meaning of the term "school instructional staff-member." As you do so, give special attention to the fact that the child has the right to say whether the school person should be allowed to sit in on the interview. We will work with the Department of Education from here, but I would also suggest that your staff work with individual schools and school districts to implement this change.

The changes will be reflected in the Abuse and Neglect Intake Manual, HRSM 175-21.

MARY M. (BETSY) WEBB
Senior Human Services Program
Specialist
Children, Youth and Families
Program Office

MMW:reb

cc: District Administrators

1317 WINEWOOD BLVD. * TALLAHASSEE, FL 32301

Bob Graham, Governor



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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Superintendent

March 18, 1987

TO: Principals

FROM: Nicholas Fischer, Ed.D.
Associate Superintendent
Instruction/Program Services

RE: Access to Education Records by
Florida Department of Health and Rehabilitative
Services

Under provisions of Florida Statute 228.093 (3) (d) 8, school principals shall provide access to a student's educational records by HRS officials who are investigating an alleged child abuse.

The statute states that student records may be released to the following persons or organizations:

....Appropriate parties in connection with an emergency, if knowledge of the information in the pupil's or student's educational records is necessary to protect the health or safety of the pupil, student, or other individuals.

Because of the extreme urgency for intervention in cases of child abuse, the emergency rule applies to HRS investigations of suspected child abuse.

NF:LM:mr
CC: Dr. William J. Leary
Area Superintendents
Dr. Linda Murray
Mrs. Carol Smith



SECTION III

SUPPORTIVE SERVICES

SUPPORTIVE SERVICES

Overview

This section will explore your attitudes and feelings about child abuse and neglect, impairments of abused/neglected children and how to go about remediating their deficits. These efforts to remediate are what we mean when we refer to supportive services. Information presented includes:

- knowledge of criteria by which you can identify abused/neglected children or those who are at high risk.
- identification of physical, cognitive, social/emotional and behavioral deficits experienced by abused and neglected children.
- understanding of what is meant by supportive services.
- identification of specific supportive services that could be provided at your school for abused/neglected children.
- knowledge of a process through which you can begin to develop supportive services.

Provision of supportive services is not an alternative to reporting suspected abuse or neglect. **You must report.** However, we are asking you to re-orient your frame of reference with regard to abused and neglected children. Identifying child maltreatment and reporting to the Department of Health and Rehabilitative Services (HRS) is a starting point for school personnel. We need to make a commitment to providing care for the special needs of these students.

General Considerations

Sometimes the school makes a report of suspected child abuse, and at other times HRS receives the referral from different sources. Regardless of the source of the report, when the school becomes aware that an investigation is in process the following steps may be taken to support the child's emotional needs:

- be available to the child for extra attention and nurturance.
- allow the child to make up class assignments and tests as appropriate.

- facilitate private contact between the child, HRS counselor, law enforcement officer, and/or guardian ad litem as necessary for interviewing on school grounds.
- discuss with the classroom teacher the child's need for extra support and structure at this time.
- continue to reassure the child that he/she was not responsible for the abuse and that you understand how difficult the present situation is for the child.
- assist HRS with a smooth and speedy transfer of the child from one school to another when necessary.
- allow, whenever possible, the child to continue attendance at your school while residing temporarily out of boundary, particularly when the child has been placed in a shelter or temporary facility.

Criteria for Identifying Children in Need of Supportive Services

We know that you are supportive and nurturing with all of the children at your school. But how will you know which students need more? We'd like to suggest the following criterion measures:

- Sometimes your school has made a report to HRS concerning a student who may be abused or neglected. This student will need supportive services during the investigation and afterward. **Even if HRS is unable to substantiate the allegations, you may consider this child as being at risk.** Your supportive services to the child and family may help to prevent maltreatment.
- A worker from HRS may phone or visit the school as part of an investigation of a report made outside the school system, or HRS caseworkers may be monitoring the progress of children on their active protective service, foster care or community control caseloads. We encourage HRS to contact the school and utilize professional educators as part of the treatment plan for supportive services.
- Review the cumulative record of new students at your school. Children who are not residing with a natural parent should be referred for further assessment. Every school has a child abuse designee, appointed by the principal, and this is the person to whom you may refer. The designee can determine whether the child is living in a foster care or group home, whether extended relatives or non-related individuals are caring for the child, and can assist in planning supportive services.

- Some children have an unusual reaction during or following personal safety curriculum programs at school. They may pull a jacket or sweater up over their faces, stick their fingers in their ears, cry or look distressed, ask questions which are unusual or strange for their age and developmental level, or actually disclose abuse or fear of abuse. These children are identifying themselves to you and asking for your help (**most often indirectly**).
- You may be asked for information about a child's academic performance and school behavior by a person acting as a **guardian ad litem**. This person has been appointed by the court to facilitate the child's best interest and the fact of their contacting the school will indicate a need for supportive services.
- The child abuse designee may be asked to provide information about a student who is being staffed by the Child Protection Team (CPT). The CPT is a consulting agency for HRS. This request for information should indicate that the child needs follow-up care and supportive services.
- Finally, you may identify a child who needs supportive services as a result of your observations of children's behavior in the classroom or on school grounds. Children who are withdrawn, aggressive or behave in bizarre ways need further assessment and supportive services.

Issues

Stigma

There are three main issues to consider in terms of supportive services. One involves stigma. No one wants to be labeled in a negative way, and being considered abused or neglected would have a negative connotation for many children. Also, at some developmental stages children strive very hard to conform to their peer groups. Anything that sets them apart can result in further damage to an already weakened self-concept. So let's be careful in our use of supportive services. Avoid promoting stigma by **refraining from labeling** children in records or in open conversation as being abused or neglected. Instead focus on specific behaviors or conditions that suggest a need for supportive services. And include non-abused and non-neglected children in many of these services. A mix of children can enhance your services and help maltreated children learn to form friendships.

Confidentiality

Another major issue concerns confidentiality. All information related to child abuse or neglect investigations is confidential by law. Be careful with whom and in what manner you discuss any specific aspects of a given child's maltreatment. You may talk freely to an HRS caseworker, a guardian ad litem, the child abuse designee and principal at your school, and your area child abuse/neglect coordinator (at School Social Work and Attendance Department). Other faculty members at your school may need some information in order to provide specific supportive services. **Be discreet** in your discussions and do not ask for or give unneeded information or detail. Respect the privacy of the child and family. Discuss children in terms of their behavior and your services, and **meet privately**. Don't discuss a child in the employee planning area or in the halls.

Professional Use of Self

The third main issue involves professional use of self. Developing and implementing supportive services for abused/neglected children is not listed anywhere as a job responsibility for teachers, administrators or other school personnel. We are asking that you **expand your own personal role** definition in order to increase your effectiveness as an educator. But, most importantly, who is in a better position than you to provide these necessary services to diminish the physical and emotional pain of maltreated children? These children often lack advocates and fall through the cracks at community agencies. You can't provide everything these children need, and you shouldn't think of yourself as a "rescuer" or the "knight on a white horse." But you can make a start. What you have to offer of yourself is valuable to the abused/neglected child, to your colleagues, to your school, and to the district. But it's also very valuable to **YOU**. Your use of self can help you develop as an educator and can serve as a bridge between your personal experience and your professional practice.

Attitudes and Feelings

As you prepare to use yourself as a resource for the provision of supportive services, you need to consider the impact that child abuse/neglect as a social problem has on you. Some people are very uncomfortable about even discussing this area, let alone attempting to do anything specific with a live, hurting maltreated child. Why is this? It usually has to do with our own personal experience, family background, attitudes and feelings. Some of us have been abused or neglected ourselves as children, and this colors the way we see the world now. We may become very anxious about situations involving maltreatment . . . or even hostile. Perhaps we have been brought up to believe that no one has the right to interfere with the sanctity of the family. Or we may think on a philosophical level that supportive services should be someone else's responsibility. **Each one of us must examine our own values, feelings, and attitudes before we can effectively use ourselves to care for the needs of maltreated children.** If you think that you cannot provide, for personal reasons, some of the specific services that will be discussed later, that's okay. You determine what and how you can participate.

Now that you've increased your knowledge about the general area of supportive services and you've become more aware of yourself as an individual, it's time to move on and look at how maltreatment affects children.

It's only when we examine the specific effects of child abuse and neglect that we can begin to plan supportive services to meet children's needs.

Impairments of Maltreated Children

"I just can't do anything with Johnny. He is a constant problem in my class. He's always out of his seat, hitting other children, disrupting my lessons and destroying property. I've tried everything, even isolating him from the others doesn't work. He seems smart enough to perform academically but has no motivation. I've really had it with him!"

"Susie is so quiet and passive. She is compliant to directives I give her, but at the same time seems to be daydreaming most of the time. She is shy and really doesn't interact with her peers. Even when I speak to her she does not respond spontaneously. I wonder what is with her..."

Have you ever encountered students such as Johnny and Susie? Very often these types of behaviors are indicative of real emotional problems, frequently related to child maltreatment. Abused children have learned distrust and have acquired a formidable array of defenses to protect their fragile sense of self. Your attempts to help often collide with the realities of caring for a stubborn, negative child who may resist intervention and alienate people who would want to help him.

In recent years research has revealed a relationship between child maltreatment and behavior and learning problems. You will need a basic understanding of physical, cognitive, emotional, and behavioral deficits of maltreated children along with some suggestions on how to approach and cope with them. Very often we find ourselves so caught up in the daily press of classroom activities that we lose sight of creative ways to handle a problem. We get frustrated and confused, sometimes we blame ourselves, thinking we are "burning out". The reality is that maltreated children are a unique group; their outward behaviors and personality traits are demonstrations of their fragility and emotional pain. Once we understand some of the background it may be easier to deal with these children.

Physical and Cognitive Deficits

Academic performance can be a tip-off to the presence of child abuse. This is particularly true when there are sudden changes in a child's performance. Research has shown that **chronically abused and neglected students may demonstrate significant delays in gross and fine motor development, deficits in visual and auditory functioning, and poor coordination.** In addition, delays may be noted in speech and language skills, particularly in the areas of articulation and expressive language. Maltreated children may be assessed as below grade level in basic skills such as reading, spelling and math.

They are more likely than other children to be placed in exceptional educational classes. Researchers (Norman Polansky and others) have associated abuse with diminished intellectual capacity and have actually measured a significant decrease in the IQ scores of abused or neglected children. It has been theorized that cognitive delays may be attributable to the unpredictable, unstimulating, nonsupportive, even dangerous environment in which abused children live. In testing situations it has been noted that, among other characteristics, fear of failure, difficulty in absorbing instructions, and failure to scan handicap the abused child. Obviously such traits impede learning in general.

Social/Emotional Deficits

Maltreated children have learned that the world can be an unpredictable and hurtful place. The adults who care for them may be angry, impatient, depressed, distant, and inconsistent. They can change into hostile, violent people, sometimes without warning. As a result, the child is fearful of harsh punishment, verbal assault, and abandonment, and must be prepared to anticipate and meet the needs of his parent.

Child abuse and neglect may lead to major affective disturbances as children employ a variety of pathological defenses to protect themselves from physical and emotional pain. Maltreated children often look unhappy and appear to take little pleasure in their surroundings; these children lack enthusiasm, imagination and a sense of humor. Frustration, helplessness, fears of abandonment and scapegoating can all contribute to lowered self-esteem or an innate sense of badness. Abused children have a tendency to internalize the rigid and punitive values of their parents which interferes with their ability to develop relationships and enjoy life.

At school, abused children sometimes explain their obvious physical injuries quite openly by saying they are "bad." They feel they deserve to be hurt and may become confused if your attitude conveys that you are appalled, disgusted, or revolted. Neglected children tend to be apathetic at early ages, but may at the middle and high school levels become quite hostile. They are sometimes unable to communicate to you any loving statements ever made to them by a parent or caretaker. These children are resentful and very concerned about their material needs.

Other examples of social and emotional deficits among maltreated children include:

- lack of trust
- poor peer relationships
- social isolation
- non-participation in school and social activities
- depression
- apathy
- suicidal feelings
- inhibited affect
- regressive behaviors.

Behavioral Deficits

Children have a tendency to incorporate their emotions into everyday behaviors and activities. In terms of academic functioning, it is very difficult for a child to utilize energy toward schoolwork when it is being used up by emotional turmoil. The result may be **underachievement, low motivation, indifference, and acting-out.**

The inability of a child to behave appropriately is, in the case of the maltreated child, a direct expression of his emotional state. Some children act out negatively to seek attention or to reaffirm their own impression that they need to be punished. A child who is accustomed to receiving attention solely for negative reasons will quickly learn that to get more attention he need only perform in a negative way. The child usually lacks insight into reversing this process. Sometimes the abused child gives himself a message that he needs and deserves to be punished, and therefore **"sets himself up"** for it. The child may be unaware of the reasons for his behavior and that some behaviors may be self-destructive and dangerous. The acting-out of emotions can be expressed in many ways. Some of the common behaviors are:

- hyperactivity
- aggression (both physical and verbal)
- disruptiveness
- destructiveness

- over-compliance
- pseudo-maturity
- inappropriate sexually-oriented play
- distractibility
- low tolerance for frustration
- impulsivity.

A child who is very often unkempt, undernourished, fatigued, and who frequently arrives early and leaves school late may be giving messages that he or she is maltreated. Other regressive types of behaviors can also be seen, such as thumbsucking, bowel and bladder control problems, speech and sleep disturbances, fears and phobias, and clinging/overdependency. Psychosomatic complaints and preoccupation with physical health may also occur.

Problematic behaviors commonly associated with adolescence may be exacerbated when the child has a history of abuse or neglect. The emotional/developmental crisis of the adolescent with a history of maltreatment results in greater confusion and conflict. Among behaviors identified are truancy, anorexia, running away, incorrigibility, substance abuse, suicide attempts, dropping out, delinquency, pregnancy, sexual activity, and self-mutilation. The adolescent is virtually unaware of the underlying pathology of this behavior, and may view some of these behaviors as pleasure-oriented.

Assisting abused children requires many of the same approaches and techniques as working with other children, only more so. These children need more time, and more clarity. **As professionals, our greatest tool is our use of ourselves, learning how to deal with and work with these children, being aware of our own personal feelings, and developing a sensitive awareness of how we come across to them.**

- Tell the child with whom you will discuss the alleged maltreatment and what to expect. Do not make any promises or guarantees to the child that are not within your ability to deliver.
- Someone the child trusts should be available if outside persons (HRS, law enforcement) come to the school to interview the child. A trusted school person should sit in for the interview only if the child desires this or consents. Only instructional or administrative personnel may be present during HRS interviews.
- Be available to talk privately with the child as needed. This doesn't mean to totally disrupt your schedule. But tell the child that you care about him and would be happy to listen after class is over or at the end of the day if the child has a need to talk.
- Expect to observe behavioral changes in the child, perhaps for several months. The child may become very withdrawn or may act out. Let the child know what you expect and set clear consequences for behavior. Don't allow the child to misbehave because you feel sorry for him. Do understand his misery and be moderate in terms of corrective action.
- Be aware that touch is of special concern with maltreated children. Young children who have been neglected are often in need of hugging and other appropriate means of tactile stimulation. Physically and sexually abused children, however, may be wary of touch and sudden movements. You can help them to be more comfortable with you by consciously remaining calm and *low key*, and by verbally alerting them to potential touch. For example, you might say *I'm sorry this happened to you. I'd like to put my arm around you and give you a hug . . . OK?* Or *You've worked extra hard in class today. I'm proud of you and I'd like to shake your hand.* Don't touch the child if the child expresses distress by stepping backward, flinching or shaking, frowning or saying "No" to your verbal prompt.

"What can I, as an individual, do to effect a change in this child's behavior?"

Sometimes maltreated children develop behavioral disorders. Active intervention is necessary in order to change these behavior patterns. It is important to remain as objective as possible and to trust your own judgement. There are many tools that you possess within yourself that can be very valuable in handling these behavior problems.

In interacting with maltreated children it is especially important to remember the following points:

- When speaking with a child, particularly a small child, bend down or sit down next to the child and speak directly to him or her in a quiet voice.
- Be aware of communication you are transmitting through your body language. Children are sensitive to ambivalence, resistance, and other signals which you may be conveying non-verbally. They can also sense feelings of empathy, warmth, consideration and confidence through your posture, tone of voice, body movements, and facial expressions.
- Take a positive approach. Begin each day with a "clean slate," making it clear to the child that whatever happened yesterday is over and in the past, and there will be no carryover punishment or resentment from previous behaviors. Here are a few ideas:
 - A happy "hello" is preferable to "I see you decided to return to class" in the case of a truant (potential school dropout).
 - A "May I help you" instead of "If you came to class you'd know the material."
 - A "Happy to see you; perhaps your neighbor can bring you up to date" instead of "The class gets along fine without you."
- During the day, remember to phrase directives and comments in a positive manner, such as, "Let's raise our hands if we have something to say," as opposed to "Don't speak out of turn." At the end of the day or the class period it is important to find at least one task that the child has mastered, call attention to it, and reinforce it with praise.
- Help the child to realize that there are consequences to his behavior but that he also has choices, and the option to exercise control over his behavior rests on those choices. For example, if the class rule is no throwing pencils and the consequence is 15 minutes in the corner for doing so, his choice is brought to his attention at the time of punishment or reprimand. It is also important for the teacher to avoid expressing feelings of anger if the student should make an inappropriate choice, communicating to the student that it is the behavior which is disliked, not the student as a person.

Remember, it is the student's choice and your feelings should not be controlled by his decisions. Find an opportunity to express your negative feelings privately with your colleagues and this should bring you some relief!

- Help the child to get in touch with his feelings and learn the difference between feelings and behavior. He is entitled to his feelings but may not be expressing them appropriately through his behavior. In the case of inappropriate behavior, the adult needs to set limits and consequences, but still validate the child's right to his feelings. The child needs help in labeling feelings, matching feelings appropriately to situations, and expressing feelings in a more acceptable way. This can be achieved by helping the child increase his self-awareness and self-expression through statements such as "I wonder what you're feeling," "I wonder what this reminds you of," "I wonder if you can think of a better way to handle this," "I wonder if you realize . . ." Don't be discouraged if the child appears to reject this approach. It may take some time for the child to reflect on your statements and learn about his own feelings and behavior.

Useful Skills, Techniques and Materials

As a school employee you may choose from a wide variety of activities and materials to help meet the needs of abused and neglected children. **Whether you are a classroom teacher, guidance counselor, administrator, bus driver, cafeteria worker, or custodian some of the following techniques and materials may be appropriately utilized in your setting when working with these children.**

- **Role Modeling:** You are your own best resource in showing children how to behave appropriately. Children, especially elementary school children, mimic or model the behaviors of those adults around them. Demonstrate acceptable ways of behaving and expressing feelings.
- **Shaping Behavior:** A child cannot learn more appropriate ways of behaving on the first attempt any more than he could master a complex task immediately. It is important to encourage the child to behave in a more acceptable manner, give feedback and praise for the positive results. This will guide the child gradually toward improved behavior. An example of this would be to first get an elementary school child to stay in his seat, next to listen to directives, and then to concentrate on the task at hand. It is more difficult to shape the behavior of secondary school students due to their independence and the complexity of their particular stage of development. It may require a greater breakdown of steps and a greater investment of time to achieve a positive end result. Nonetheless, with perseverance it can be accomplished. Don't be discouraged by rebellious reactions as these are normal for children at this developmental stage.

- **Role Playing:** This is an enjoyable activity that can help a child to see how his behavior affects other people. Pick a few children and describe a simple situation to them. Assign each child a role to play in the situation and allow a short period of time (2 - 5 minutes) for the children to interact. Then help the children to discuss their feelings about their own and others' roles. Change the children to different roles (role reversal) and allow them to experience the same situation from a different perspective.
- **Rehearsal:** You can work individually with a child to help him use his own thoughts about how to behave or express feelings appropriately. Let him practice with you and then give feedback. A variant of this is guided practice, where you give specific suggestions to the child about how to respond.
- **"Buddy" System:** Pair a child who has difficulty behaving in an acceptable manner with a child who is socially mature and interacts successfully with others. You can do this in the classroom setting, in the cafeteria, or on the school bus. The buddy system can be used for sport activities, in conjunction with learning station or interest centers, or for more independent academic projects. This method is easier to implement at the elementary level. Older children are more resistant to prearranged pairing.
- **Reinforcing Positives:** It is important to remember to provide experiences that leave the child with a feeling of accomplishment. Assign activities and tasks that are non-threatening and do not set the child up for failure. Focus on the positives! It is best to set short-term, concrete goals and praise and encourage the child each step of the way.
- **Packaged Materials:** Many games and instructional materials can be bought through catalogs and school supply stores and used to provide learning experiences which are also fun for maltreated children. A few of these are:

Conversations (from Kids in Progress, Inc.)

This is a card game which could be used by guidance counselors and relates to peer and family interaction.

Family Happenings (from Kids in Progress, Inc.)

This is a therapeutic game dealing with family dynamics. It is suggested for use by social workers and guidance counselors.

The Ungame Co. Products

These include several games which may be used by teachers with small groups of students. Recommended materials are The New Zoo Review (elementary) and Reunion and The Ungame (secondary level).

American Guidance Service Products (AGS)

We highly recommend the DUSO kits (Developing Understanding of Self and Others), which have been developed for different elementary grade levels. They provide materials and activities dealing with safety, self-concept, interaction with others, and expression of feelings. Another kit which is available from AGS is called Toward Effective Development. It provides multiple activities that teachers can use to help assure the affective and behavioral growth of students at various stages of development.

K.I.D.S. Group Therapy book (by Susan T. Dennison)

This book was written for therapists who utilize groups with children, but has many ideas which could be adapted by teachers for use in the classroom.

Puppets

For elementary students the use of puppets may greatly aid the expression of feelings, especially fear and anger. A child who is unable to say something directly to you may express himself well in the third person through the puppet.

These are just a few examples of ready-made materials. You may want to consult your media specialist for further suggestions and catalogs.

School Based Supportive Services

In a school system there are other resources and school personnel who can be utilized as resources for maltreated children. These include, but are not limited to:

- school social worker/visiting teacher
- child abuse designee
- guidance counselor
- peer counseling coordinator
- school nurse
- school psychologist
- primary or ESE specialist
- speech and language therapist
- principal and/or assistant principal
- school resource officer.

Due to their cognitive and affective deficits many maltreated children will qualify for exceptional education programs. Sometimes we don't readily think of these children as a group in need of such services. Please consider the criteria for referral of students to ESE programs or alternative education classes or center programs. A good first step is often to obtain a psychological evaluation. This usually provides the kind of information you need to link the child with the most suitable academic placement and other needed services.

Also, consider that the school many times can help to meet the concrete needs of maltreated children. Clothing is available from a district-wide clothing bank. Sometimes families are not aware that their children might qualify for free or reduced price breakfast or lunch at school. So providing information to the family can serve a useful function. In addition, many administrators have discretionary funds that can be used for special needs (such as the cost of a field trip) for maltreated children who lack financial resources.

Group Intervention can be a productive way of working with maltreated children. A group not only provides a structured support system, but it also allows each student within to benefit from group processes, peer review and pressure, and provides a sense of belonging.

Groups can be conducted or facilitated by several different school representatives, depending upon who is available at your school. Groups are led by school social worker/visiting teachers, guidance counselors, primary specialists, peer counseling coordinators, or outside agencies which contract to work at the school on a weekly basis.

As varied as the group can be, so can the particular theme of each group and the length of time the group will last. Topics such as conflict resolution, anger management, expression of feelings, and problem solving can be dealt

with in a group. Also, some of the more concrete skills groups geared toward refinement of gross/fine motor coordination and socialization skills can further enhance the child's ability to resolve problems. Most groups last from 7 to 12 sessions, with approximately 8 students in each group. The group leader usually has the group sessions outlined, although the group process itself is the most important aspect of the endeavor.

Peer Counseling is a program provided through the Prevention Programs Department of the school district and is available in all middle and high schools. The concept is that of students helping students and the program is directed at each school by a peer counseling coordinator. The focus is on issues such as self-awareness, communication, substance abuse, suicide prevention, and other interpersonal problems. Other aspects of the peer counseling programs are concerned with family therapy/counseling and parent education. Furthermore, many maltreated students involved in the peer counseling program ultimately become effective peer counselors themselves because of their experience and empathy.

Other sources of group activity such as sports, drama, music, and art can be utilized in helping to decrease the social isolation often experienced by the maltreated child. They aid in enhancing the student's ability to express feelings through multiple means of communication. Special topic workshops such as parenting skills, dating/relationships, etc. at the secondary school level may also be helpful and supportive.

Engaging the Parent With the School

Families of abused or neglected children are as much in need of supportive services as are the children themselves. This is an area that we frequently avoid because the boundary tends to be blurred between what is appropriately school-related and what is a private family matter. We don't want you to force yourself upon a family, but we would like to suggest that you reach out to the family.

Educational professionals can help parents to understand what is normal behavior for children at different stages of development. Adult education centers in the district provide parent effectiveness classes, but this doesn't mean that you cannot start a parent group at your own school. These groups can give parents an opportunity to ventilate their frustrations in a non-threatening setting, as well as providing specific kinds of information and skills training.

Getting the abusive or neglectful parent actively involved, or engaged, with the school is a difficult task. These people are often afraid of being judged by you and are very sensitive to real or perceived criticism. We mentioned earlier that maltreated children tend to be socially isolated, and this is a dynamic that usually applies to the entire family. So these parents are not likely to attend PTA/PTO meetings and may be very hard to get in for parent conferences! But you already knew that, didn't you? We'd like to provide some **ideas and guidelines for you in trying to get these parents involved:**

- **Reach out to the parent.** If the family has a telephone, call on a regular basis to discuss how the child is doing at school. Otherwise, write a brief note weekly and either send it home with the child or mail it. Don't be discouraged if the parent doesn't respond as this doesn't necessarily mean that your attempts are not effective.
- **Give positive feedback to parents.** Many times we only contact the family about negative situations: the child is misbehaving, or the child is coming to school improperly dressed or dirty. Make a real attempt to contact the family frequently about what the child is doing well at school, or about improvements in the child's condition or appearance. Let parents know that you appreciate their efforts.

- Be prepared for extremes in verbal responsiveness. Some maltreating parents will jump at the opportunity to enlist your support, and will tell you more than you want to know about what's going on in their lives. They may just need someone to listen, and you can gently bring them around to school-related matters after a few minutes. Other parents, particularly those who are chronically neglectful, may be verbally inaccessible. They don't talk to themselves in their own minds, so it's very hard for them to talk to you. With these parents, it may help to be brief and quite concrete in your discussions. A short conversation, with encouragement and positive response to their efforts to verbalize, may be best.

- Offer the parent an opportunity to do something concrete for the school. This may seem paradoxical since we've been talking about the difficulty of engaging maltreating parents. But you will have success getting some of them to provide volunteer services if you approach them with the right attitude and show them that they are needed.

- Many people who abuse or neglect their children experience themselves as total failures, both as parents and as individuals. They need to see that they can be successful, even if only with a simple task. So you might ask them to bring refreshments for a special occasion or to help chaperone a field trip. Make sure they know what is expected of them and that they have proper supervision. We know one elementary school that asked a non-working mother of a maltreated student to help proctor the Iowa Test. The school was so pleased with her performance that she was invited to the teacher banquet at the end of the year!

Supportive Services in the Community

In addition to supportive services which can be provided by school personnel and within the school setting, there are available, however limited, community services to meet some needs of maltreated children. These services cover areas from the initial referral and information concerning a case of abuse or neglect to follow-up mental health intervention and therapy. Services can be concrete or less tangible; agencies geared to provide these services include:

Department of Health and Rehabilitative Services

- Intake (to report cases)
- Protective Services and Voluntary Family Services
- Economic Services (AFDC, food stamps, Medicaid)

County Social Services Department

- Assessment (of multiple needs)
- Case management
- Referral services with follow-up monitoring

Shelters

Information and Referral Crisis Line

Family Service Agencies

Mental Health Centers

Private Practitioners

Medical Clinics

Churches and Other Charitable Organizations

Refer to the Additional Resources Section of this manual for specific information in the Broward County area.

If a child has been maltreated and a report has been previously made to HRS, there may already be involvement with various community agencies. You may wish to contact the Child Abuse Coordinator for your area for information and assistance. The designee or guidance counselor is encouraged to make a referral to the school social worker/visiting teacher for assistance in procuring information and services.

Abused and neglected children have many needs. Unfortunately there is a shortage of services available within the community, relative to the number of needy children and families. This problem is particularly acute for families with limited financial resources. A continuum of care for all maltreated children is much needed, regardless of their economic status or ability to pay for services. We encourage you to become active, as a private citizen, in advocating for a variety of services that would ensure a continuity of care.

Remember that you have many resources among your co-workers, school personnel who are equally as concerned. Networking with each other is not only strengthening but energizing, and can provide a major source of support in dealing with issues such as child maltreatment. Again, we remind you to maintain professional confidentiality in dealing with specific case situations.

The Process of Developing Supportive Services

Guidelines

We'd like to provide some simple **guidelines** for you to use to begin to develop and utilize supportive services:

- (1) **Assess your school environment.** We're sure you'll find that some of the services and material we've suggested are already in place at your school. You may only need to think a little bit differently about using them for abused or neglected children.
- (2) **Determine what you can do for yourself.** We have introduced the idea that you are your own greatest resource, and we think that this is a very important concept. If you are a teacher, there are multiple ways that you can use yourself within the classroom. If you are a guidance counselor or other ancillary support person, you still have access to children and may even have more privacy to work with them on an individual basis. If you are an administrator, you have legitimate power in the system and can be influential as an advocate. Above all, when you have "bought in" to a specific service, you are motivated, available and accessible! Be realistic about what you can do on your own and seek administrative permission if necessary. But use your creativity . . . we know that you have an immense capacity for productive ideas and we applaud that!

- (3) **Look for an ally.** Think about what you know of other people at your school. Who voices concern about children at meetings, during lunch, or in the planning areas? Who do you see earnestly and positively conversing and interacting with students in the halls, cafeteria, or on school grounds? These people may enjoy "brainstorming" with you and would probably support your ideas and supply more of their own. Some persons, by virtue of their positions, should have a vested interest in supportive services. These people might include the child abuse designee, guidance personnel, the school social worker/visiting teacher, school nurse, school psychologist, and school resource officer. And don't overlook the non-instructional staff. Many teacher aides, bus drivers, cafeteria workers, custodians, and clerical personnel are observant of children's behavior and problems and very willing to become involved in supportive services!
- (4) **Identify gaps in services.** You know what services are already available and you know what you can do yourself. What unmet needs of abused/neglected children can you identify? What kinds of school-based services could meet these needs? Think about priorities . . . which supportive services are realistic and attainable, considering your own environment?
- (5) **Establish a group process.** We recommend a team approach to develop and implement supportive services. There are two main reasons for this suggestion. First, team-building increases the commitment of the school to the services developed. Second, using a team approach results in a greater diversity of ideas and more creativity, as well as increasing the amount of work produced. Hopefully, this will lead to a more effective effort and achievement of the desired outcomes.
- (6) **Seek outside expertise as needed.** Some suggested sources of assistance are: School Social Work and Attendance Department, Psychological Services, Health Services, Prevention Programs, Exceptional Student Education, Early Childhood Education, and Broward Management Academy. These are all part of the Broward school district. You may also on occasion wish to seek advice or assistance from community agencies.
- (7) **Monitor service provision and utilization.** On a group basis, are the supportive services developed being used? Is there a problem with funding of services or for materials? Are staff members referring students for services? On an individual basis, are children accessing the specific services that they need?

- (B) **Evaluate and plan for the future.** Have you seen improvement in the behavior of children referred to specific services? Be realistic in terms of expectations: remember that behavioral problems many times are of long standing duration. Look for small improvements.

Are you and other staff satisfied with your participation in services? Do students express satisfaction with their involvement in services? Have you attempted too much at one time? Or not enough? Which services should be continued? Do you have administrative support? What is your plan for future service provision?

Consensus Versus Fiat

How do you feel when you are told what you must do? Are you inspired, motivated and full of energy? Or do you sometimes feel resentful . . . as if a supreme commander has arbitrarily given you "marching orders"? Sometimes it's necessary for us to accept directives and instructions for which we are not given any rationale. We accept on the basis that others have a better understanding of the entire school situation or have expertise and abilities which we lack.

But when it comes to developing supportive services for abused and neglected children there is a better approach. We call it consensus. It isn't going to do much good for the Child Abuse and Neglect Program at School Social Work and Attendance Department to tell you to provide specific services. Nor will there be a great outpouring of effort if the Superintendent's Office sends you the guidelines. Your own principal may have more or less success in getting you to begin certain services, probably depending on his/her leadership style. How do we know these things? Because we live in the real world, folks! We know that you are overworked, frustrated about dealing with behavior problems, and mostly concerned with getting on with your own primary job duties. So, the extent to which you are likely to develop and implement supportive services will depend on the degree of agreement among staff members as to the need and an understanding of the benefits which may be expected. This is what we mean by consensus.

Okay! So how do you go about developing this consensus? We have a few suggestions:

- **Increase awareness** at your school concerning child abuse and neglect. Ask for a training workshop if your school hasn't had one recently. Request a program at a faculty or department meeting; invited speakers might be obtained from the various divisions of the School Board involved in this area or from community agencies.

- **Make use of interested professionals** working at your school to spread the word: school social worker/visiting teacher, psychologist, nurse, speech therapist, school resource officer.
- **Ask for use of a bulletin board** in the main office or a teacher planning area. Tack up newspaper articles relating cases of abuse and neglect: you'll be surprised at how many you find.
- **Utilize in-house school publications**, such as newsletters or department memos. Persons responsible for putting these out are often happy to solicit articles or letters from staff about student needs.
- **Obtain printed materials** and place them in prominent locations. Brochures are available from the School Social Work and Attendance Department Child Abuse Program and from HRS. Suggested locations would include teacher planning areas, clerical areas, and teacher/administrator mail boxes.
- As interested persons inquire, begin to meet for a few minutes in ad hoc fashion. **Solicit advice** as to how to reach others.
- **Include persons who disagree** with the need for the school to take up supportive services. Consider carefully their objections and look for a common ground. You will probably find that you are all concerned about student welfare (end) but disagree as to appropriate ways to promote it (means). Try to find some area, even small, of agreement with those who object. Put the objectors in charge of this area and support them in their efforts. This is known as cooptation. It should help you to slowly increase your common ground.
- **Don't be afraid of conflict**, but do seek a method of resolution. There are many means to resolve conflict. One interesting book which may help you is Getting to Yes by Roger Fisher and William Ury. Ask for help from your principal or assistant principal. Administrators usually have excellent resource materials concerning problem-solving methods.
- **Emphasize** the ways in which supportive services will help everyone to make their jobs easier. People should experience satisfaction from attempting to do something about a problem instead of passively experiencing the negative effects of the problem.
- **Be aware** of what is feasible at your school at a given point in time. Understand that you will need to give as well as take when it comes to the use of time and resources for supportive services. Few people appreciate those who become fanatics to a cause. Sometimes you'll need to be willing to give in . . . for now. If you learn how to balance your approach, you will find that many people will gradually move toward your position.

The Team Model

We're going to assume that you now have at least some consensus at your school and are ready to proceed with service development. Guess what? You already have a good beginning group process . . . **the Student Services Committee**. Remember that? These are the folks who meet to write or review a student services plan. Also, many schools have a **Child Study Team** which could be utilized to develop services as well as to deal with the problems of individual children.

The supportive services team concept is one which is flexible and could be used to address a variety of human service needs at the school. Either of the two groups just mentioned could be utilized. Or you might want to form your own group. Some considerations to bear in mind are:

- The team should meet on a regular basis (perhaps weekly). This will provide adequate time to discuss individual cases as well as to plan service delivery.
- Understand that the scheduling of meetings may be your first area of conflict. Interested professionals whom you might want to include, such as the psychologist, nurse or school social worker, may not ever be available at the same time. They may have to participate on a rotating basis or only as specifically requested well in advance.
- Emphasize your own full-time school staff as the basis for your team. This will help to alleviate some of your scheduling problems and keep your group focused on realistic goals.
- Include teachers and an administrator. Seek diversity of experience, education and personal backgrounds. This will help you to develop services which will meet the needs of students from varying cultural, ethnic, and socioeconomic groups.

Rewarding Participation

You know what? We all need a little respect and some recognition. More than that . . . we deserve it! So are you going to receive a raise in pay for your hard work developing and providing supportive services? Doubtful. On a serious note, we are all aware of the multiplicity of student needs and the shortage of financial resources. So we're going to need to look for more intrinsic rewards for our participation.

Some possible incentives for school personnel to become involved in the area of supportive services are:

- release of time from other responsibilities.
- staggered work hours. This may not be possible for the classroom teacher but could apply to other personnel.
- compensatory time.
- letter of recognition or award certificate for personnel record.
- official recognition at a faculty meeting or school-based social event.
- informal expressions of appreciation by other staff.

Frankly speaking, we all know that there are some people who just plain don't want to be bothered, about supportive services or anything else. **But the vast majority of school personnel are caring, concerned individuals who are open to suggestions and want to help out.** Some people might volunteer personal time to help with supportive services as preparation for career advancement, or as a way to serve the community. Recognition of these efforts could encourage others to become involved.

Final Outcomes

So, here we are at the end of the Supportive Services Section. It seems as though we have become friends, certainly allies, along the way. We've taken a long look at a very serious problem which is affecting thousands of children in our school district. But we've tried to maintain a positive focus and we do not leave our task with a heavy heart. We have confidence in YOU and we know that there are many other persons out there just like you. This section has been written with a social work perspective and we make no apology for that. All of our recommendations and suggestions may not be useful for you in your particular setting. That's okay. **Be eclectic and choose what works in your own school.**

We do think that you can expect some definite outcomes:

- **improved abilities of maltreated students.** As you refer these children to services which begin to remediate their physical, cognitive, social/emotional, and behavioral deficits, you should see small but significant changes. Rejoice in these improvements!

- **Improved atmosphere in the classroom.** Teachers won't be as frustrated teaching and all students will benefit from a decrease in tension and conflict.
- **Increased interaction with families.** We hope that supportive services will succeed in engaging parents of maltreated students with the school. You will have an increased understanding of these families and their burdens.
- **Improved interaction with community agencies.** School personnel as advocates are powerful people and can be a great resource to those outside the educational system who seek to help children.
- **enhanced job satisfaction for YOU.** Involvement with supportive services for maltreated children can change your outlook on your profession and on life. The opportunity for personal and professional growth is unlimited . . . you will find many ways of expressing yourself more fully.

Now it's time for you to assimilate what you've learned, think about yourself and your role in the school, and make your initial commitment to supportive services. We'll be there to support you and cheer you on . . .

Remember the children need you.

What can you do to help maltreated children?

What will you do?



SECTION IV

TRAINING

TRAINING

Overview

Training is one of the most significant resources for prevention and intervention regarding child abuse and neglect. **In 1985 the Child Abuse Prevention Training Act was passed by the legislature** and incorporated in Florida Statute 415 (see Appendix A). This legislation outlines the components of a primary prevention program:

1. Information provided in a clear and nonthreatening manner, describing the problem of sexual abuse, physical abuse, neglect, and alcohol and drug abuse, and the possible solutions.
2. Information and training designed to counteract common stereotypes about victims and offenders.
3. Crisis counseling techniques.
4. Available community resources and ways to access those resources.
5. Physical and behavioral indicators of abuse.
6. Rights and responsibilities regarding reporting.
7. School district procedures to facilitate reporting.
8. Strategies to care for a child's needs after a report is made.
9. Procedures to disclose incidents of abuse.
10. Child Safety training and age-appropriate self-defense techniques.

CHILD ABUSE/NEGLECT TRAINING

Goal and Objectives

Goal: School personnel will exhibit knowledge and skills necessary for identification and reporting of child abuse and neglect, compliance with investigative processes, provision of supportive services, and implementation of personal safety curricula.

Performance Objectives:

1. Explain orally the immunity and confidentiality sections in the Florida Child Abuse and Neglect Law (Florida Statute 415).
2. Define the term "reason to believe".
3. List those persons required by law to report child abuse, and neglect.
4. Describe the typology of child abuse and neglect defined in the law (physical abuse, physical and medical neglect, lack of supervision, emotional and sexual abuse).
5. Describe at least three (3) physical or behavioral indicators of physical abuse.
6. Describe at least three (3) physical indicators of a neglected child.
7. Describe at least three (3) behavioral indicators of a sexually abused child.
8. Define emotional abuse (psychological maltreatment) of children and list the five main categories of this kind of abuse.
9. Explain the child abuse and neglect reporting process to a fellow worker.
10. Discuss the information needed to make a suspected report of child abuse and neglect.

11. Complete correctly the school district's Child Abuse Report Form (4002B).
12. Explain techniques that are useful in interviewing the child suspected of abuse or neglect.
13. Explain the mandated role of the Department of Health and Rehabilitative Services.
14. Explain two (2) reasons why children may be reluctant to disclose child abuse/neglect.
15. Describe the role of law enforcement in child abuse or neglect investigations.
16. Communicate effectively with the Department of Health and Rehabilitative Services and other community agencies.
17. Provide specific supportive services to the maltreated child within the school setting.
18. Present personal safety curricula and follow-up as appropriate.

SCHOOL SOCIAL WORK AND ATTENDANCE DEPARTMENT

Carol A. Smith, L.C.S.W., Director

Child Abuse and Neglect Coordinators: 765-7658

Burt Caswell, A.C.S. W. - North Area
Nina S. Hansen, M.S.W. - Central Area
Irene Greene, M.S.W. - South Area

The Child Abuse and Neglect Coordinators present training to school personnel utilizing the following format:

CHILDREN WHO HURT CANNOT LEARN TRAINING SERIES

Introductory Training

1. Review of all audio visual material used in any of our programs prior to presentation to students. No inservice credit is given unless prearranged with this department.
2. A one-hour training session for instructional or non-instructional personnel on the identification and reporting of child abuse and neglect. This includes the showing of the 45-minute videotape, "Children Who Hurt Cannot Learn," (produced by Broward County School's School Social Work and Attendance Department Child Abuse/Neglect Program). No inservice credit is given unless prearranged with this department.

Basic Training For All Staff

1. An in-depth three hour child abuse and neglect training program for inservice credit which covers all areas of mandated training (Florida Statute 415.5). This may be accomplished through school-based meetings over a period of weeks, on employee planning days, or through the Broward Management Academy.
2. Non-instructional staff may be provided basic training through individual arrangement with specific departments. Training length and format will be determined through consultation.

Certification and Recertification

1. For personnel wishing to use child abuse and neglect training for certification or recertification, additional modules are available to meet the minimum requirement of ten hours, as required by the Department of Education. These workshops will be on specific areas of child abuse and neglect and may be scheduled on employee planning days at a central location or school-based locations. Topics will include psychological maltreatment, neglect, sexual abuse, supportive services, and other related issues.

Other Programs and Services Provided by Child Abuse Coordinators

1. PTA/PTO or Advisory Committee programs on child abuse and neglect. The content will vary with the needs of the school, and will be determined by the principal, child abuse designee, parent representatives and area child abuse coordinator.
2. Community programs to private schools, civic organizations and service agencies as requested.
3. Consultation and coordination of supportive services to school and community agencies.
4. Liaison with the Child Protection Team, HRS, law enforcement and the courts regarding case management and identification.
5. Audio/visual and printed materials, including a complete series on all aspects of child abuse and neglect is available. Books, articles, and research materials from a variety of sources are housed at the School Social Work and Attendance Library (Pompano Multipurpose Center).

Additional Resources

For 16 mm films:

Contact the **District Film Library** at 765-6151

For videotapes:

Contact **Instructional Television** at 476-8379

For books or journals:

Contact the **District Professional Library** at 765-6153.

Audio/Visual Materials for Staff Training

The following resources are used for staff training purposes by the Child Abuse and Neglect Coordinators. Child abuse designees at schools may also utilize the Children Who Hurt Cannot Learn videotapes for faculty presentations (see Presentation Guides). Contact ITV to order tapes or arrange special showings.

Children Who Hurt Cannot Learn

Produced by School Social Work and Attendance Department
Child Abuse/Neglect Program

35 minutes, color, one-half or three quarter inch (ITV # Q-197)

VIDEOTAPE

45 minutes, color, one-half or three quarter inch (ITV # Q-211)

VIDEOTAPE

Note: 45 minute version includes information regarding the
Child Abuse Report Form 4002B.

A thirty-five or forty-five minute videotape for school personnel which instructs them how to recognize and report suspected cases of child abuse/neglect; including Broward County schools policy, and interaction with HRS.

Children Who Hurt Cannot Learn: The Protection Process

Produced by School Social Work and Attendance Department
Child Abuse/Neglect Program

29 minutes, color, one-half or three quarter inch (ITV # Q-238)

VIDEOTAPE

A twenty-nine minute videotape for school personnel which explains what happens after a report of child abuse is made to HRS. A fictional sexual abuse case is followed through disclosure at school, reporting to HRS, contact with law enforcement, involvement of community agencies in diagnosis and treatment, and judicial proceedings.

Physical Abuse: What Behavior Can Tell Us

(Part B of the "Physical Indicators of "CAN" Series; We CAN Help, Unit 3)

14 minutes, color, National Audio Visual
Center, 1976

FILMSTRIP

Behavioral signs of child abuse are depicted and described, including introversion, extreme passivity, shyness, fearfulness, aggressive and hyperactive behavior. Characteristics of abusive parents include tenseness, apathy, displeasure with the child, and dependence on the child.

What the Educator Sees

(We CAN Help, Unit 15)

15 minutes, color, NAVC, 1976

FILMSTRIP

The feelings that may affect an educator's willingness to become involved in cases of suspected abuse or neglect are explored. Major aspects covered are physical and behavioral indicators of child maltreatment that an educator is likely to observe; the critical elements of policies and procedures for school districts in suspected cases of abuse and neglect; key points to know when interviewing children who may be abused or neglected; and the roles, beyond reporting, that educators can play in abuse or neglect cases.

Psychological Maltreatment of Children: Assault on the Psyche

Penn State TV 1985

19 minutes, color, one-half inch

VIDEOTAPE

A review of the dynamics of family maltreatment with Dr. James Garbarino. Family scenario with interaction between parents and children in the home setting.

Identifying, Reporting, and Handling Disclosure of the Sexually Abused Child

Committee for Children, Seattle, WA 1985

25 minutes, color, one-half inch

VIDEOTAPE

In a school setting, this videotape discusses the identification and reporting of sexually abused children. Areas covered include behavioral indicators, things to look for and questions to ask.

Presentation Guide

CHILDREN WHO HURT CANNOT LEARN

(ITV #Q-211)

Objectives:

- To provide knowledge of the legal definition of child abuse and neglect.
- To identify the four (4) main types of child maltreatment and the physical and behavioral indicators associated with each type.
- To provide knowledge of School Board Policy regarding child abuse and neglect.
- To facilitate the proper means for interviewing children suspected of being abused or neglected.
- To instruct school personnel in the correct process for reporting child abuse and neglect.
- To acquaint school personnel with procedures followed by the Department of Health and Rehabilitative Services (HRS) in the investigation of reports.

Format:

Videotape (45 minutes) followed by 15 minute discussion at a school staff meeting.

Presenter:

Child Abuse and Neglect Designee

Content Discussion:

The presenter should be prepared to respond to questions and clarify material presented in the videotape.

Points of Clarification

- John Stokesberry is no longer the HRS District X Administrator. That position is now held by Paul Freedlund.
- Updated Statistic: HRS received over 12,000 reports of suspected abuse or neglect in Broward County in 1987.

Points of Emphasis

- Child abuse and neglect are community concerns.
- School personnel have an ethical as well as legal obligation to report suspicions.
- The reporting process may well be uncomfortable, but it is part of your professional role.
- Trauma to children may be minimized by the sensitivity of school personnel.
- Do not interview children about details of abuse or neglect unless this is necessary to develop sufficient information to report to HRS.
- Only one person should interview the child when necessary. Do not expect the child to discuss or explain a difficult situation first with the teacher, then with the designee or counselor, then with the principal.
- It is important to be assertive and objective when cooperating with HRS and law enforcement during the investigative process.
- Identify to HRS any actions you may take to provide supportive services to the child. HRS will welcome your help.

Presentation Guide

CHILDREN WHO HURT CANNOT LEARN: THE PROTECTION PROCESS

(ITV #Q-238)

Objectives:

To increase the rate of reporting child abuse and neglect cases by school personnel.

To familiarize school personnel with the agencies' services and personnel involved with child abuse and neglect cases.

To reinforce earlier training regarding the identification and reporting of child abuse and neglect cases.

Format:

Videotape (30 minutes) followed by 15 minute discussion at a school staff meeting.

Presenter:

Child Abuse and Neglect Designee.

Content Discussion:

With certain points, the presenter should be prepared to spend more time explaining and responding to questions, as well as clarifying and responding to special situations and circumstances.

Points of Emphasis

- School personnel hesitate to report because they feel nothing is being done.
- A variety of agencies is involved in most cases.
- There is a distinct difference between civil and criminal investigations.
- Agencies may be contacted by school personnel in order to provide them with additional information.
- Agency representatives may contact school personnel for information as needed.
- Schools may request follow-up information from agencies and/or the SSWAD Child Abuse and Neglect Coordinator.
- Criminal proceedings are rare and the State Attorney's Office is the sole decision maker in this regard--based on all the available evidence from HRS, Police, CPT, and their own investigation.
- The support given to students in school greatly assists in the healing process.

Presentation Guide

CHILDREN WHO HURT CANNOT LEARN: SUPPORTIVE SERVICES IN THE SCHOOLS FOR ABUSED AND NEGLECTED CHILDREN

(ITV #Q-272)

Objectives:

To Promote an awareness of the need for community response to abuse and neglect.

To present specific techniques which may be used in the classroom to respond to the needs of abused/neglected students.

To present a team model for intervention by the schools with abused/neglected students and their families.

Format:

Videotape (23 Minutes) followed by a 15 minute discussion during a school staff meeting.

Presenter:

Child Abuse and Neglect Designee.

Content Discussion:

The presented should be prepared to elaborate where necessary and to offer individual consultation to teachers upon request. Please give the faculty the names of the supportive services personnel within the school.

Points of Emphasis

- Schools need to share in the community response to abuse and neglect.
- Abused/neglected children suffer from a lack of self-esteem and other identifiable deficits. Please review pages 30-33 in the Child Abuse and Neglect Program and Resource Manual.
- Skill development in the areas listed below tends to improve the self-esteem of abused/neglected children:
 - conflict resolution
 - peer relationships
 - anger management
 - child/adult relationships
 - identification of emotions
- Classroom techniques to improve the self-esteem of abused/neglected children should include:
 - positive reinforcement
 - discipline
 - role playing
 - rehearsal
 - guided practice
 - modeling
- Interventions with abused/neglected students and families usually provide long term results rather than quick and easy solutions.
- A supportive services team concept can be used at the school level to address a variety of human service needs. Please refer to pages 49-51 of the Program and Resource Manual.
- A variety of supportive services is available. At school, you may wish to contact the following:
 - child abuse designee
 - guidance counselor(s)
 - school social worker/visiting teacher
 - peer counseling coordinator

For a complete review of additional resources see Section V of the Program and Resource Manual.

CURRICULUM AUDIO/VISUAL MATERIALS

The following **student oriented resources** are used for staff training purposes as well as for student presentations. Presentations to staff are facilitated by a trained professional in the field of child abuse and neglect. The Child Abuse and Neglect Coordinators at School Social Work and Attendance are available to train school personnel to use these materials for curriculum presentations to students. (See Appendices B and C.)

Better Safe Than Sorry II

Film Fair Productions

K-5 Grade Levels

14 minutes, 16 mm, color, three quarter inch

FILM
VIDEOTAPE

This film is designed to teach children to avoid situations of potential sexual abuse and to help them understand what to do should such a situation occur. Discussion and presentation are by a trained facilitator.

Better Safe Than Sorry III

Film Fair Productions

Middle and High School Grades

19 minutes, 16 mm, color,
one half or three quarter inch

FILM
VIDEOTAPE

This film is designed to teach adolescent girls and boys how to avoid potentially dangerous situations. Dramatized examples of these situations (date rape, incest, sexual molestation) are presented and common sense rules for personal safety and avoidance are suggested. Discussion and presentation are by a trained facilitator.

Don't Get Stuck There

Boys Town Production

Middle and High School Grades

19 minutes, 16 mm, color

FILM

This film depicts interviews of actual child abuse/neglect victims. It is designed to help other victims recognize abuse and neglect, and make other teens and adults more aware of the plight of abused adolescents. Discussion and presentation are by a trained facilitator.



SECTION V

ADDITIONAL RESOURCES

ADDITIONAL RESOURCES

Resources for Referral Outside the School System

A. Related to Reporting:

Department of Health and Rehabilitative Services

**77-ABUSE
or
1-800-342-9152
Toll Free Hotline**

Local HRS Offices:

North	978-9044
Central	797-8205
South	985-2740

Services: You may report cases of suspected abuse/neglect. Also, if you think that a child is at high risk but you don't have enough specific information to make a report, explain that you wish to make a **Request for Services**.

Law Enforcement

Local Police Department or
Broward Sheriff's Office

Services: Criminal Investigation

Child Protection Team

2555 East Fourteenth Street
Fort Lauderdale, FL 33316

779-1430

Services: Consultation
Medical diagnosis and evaluation
Intake and assessment
Multidisciplinary team staffing
Training and education

Sexual Assault Treatment Center

400 Northeast Fourth Street
Fort Lauderdale, FL 33301

765-4124

Services: Medical examination for sexual abuse or assault
Coordinated intake for sexual abuse investigations
Counseling

B. Support Groups:

Parents Anonymous of Florida, Inc.

2312 South Andrews Avenue
Fort Lauderdale, FL 33316

467-7766

Services: Support group for parents who are
under stress and may be abusive or at risk
of becoming abusive.

Toughlove

Joe Billups
2011 Northwest Third Avenue
Building C, Room 311
Pompano Beach, FL 33060

786-4510
791-8479
(evenings and weekends)

Services: Self-help group for
parents/caretakers of acting out children.

Meetings:

Mondays and Thursdays
7:30 P.M.
Denny's Restaurant
1727 North University Drive
Plantation, FL

Thursdays
7:30 P.M.
J. Byrons Store - Community Room
University Drive and Sample Road
Coral Springs, FL
\$1.00 Admission

Mondays
7:30 P.M.
Hollywood Medical Center
Cafeteria
3600 Washington Street
Hollywood, FL

C. Shelters:

Covenant House

733 Breakers Avenue
Fort Lauderdale, FL 33304

561-5559

Services: Emergency shelter for children (to age 21)
Crisis intervention
Counseling

Women in Distress

Post Office Box 676
Fort Lauderdale, FL 33302

761-1133

Services: Emergency shelter for
battered women and children as well
as counseling.

D. Prevention:

Child Abuse Prevention Task Force

Barbara Maros, Chairperson (Task Force) **752-0457**

Mike Kasadaglis, President (Corporation) **344-8352**
3111 University Drive, Suite 527
Coral Springs, FL 33065

Loretta Duvall, Recording Secretary (HRS) **467-4281**

Services: The Florida Legislature created statewide task forces to assist the various HRS districts with the creation and implementation of a planned comprehensive approach for the prevention of child abuse and neglect. The local task force has also incorporated in order to raise funds and resolve local issues.

Mental Health Association

2312 South Andrews Avenue
Fort Lauderdale, Florida
9-5 M-F

467-7766

Services: Programs available to elementary schools, dealing with students' self-esteem. A one to one "Listener" program and "I'm Thumbbody" program which is a classroom presentation meant for K-2. These programs teach self-esteem by telling children they are unique - - and that is good.

The Starting Place Inc.

Intake & Evaluation Unit
2057 Coolidge Street
Hollywood, Florida 33020

925-2225

Services: The Intake & Evaluation Process involves an extensive interview to determine the best placement and treatment for youth with any maladaptive behavior, whether or not the problem is the result of drugs.

E. Counseling

Family Service Agency

3830 Southwest Second Court
Fort Lauderdale, Florida 33312

587-7880

Services: Life management skills and resource information provided for individuals experiencing problems which are caused by or affect family interactions. Individual, group and family counseling are available.

F.I.R.S.T.

Broward County Social Services
Family and Child Development Services

2011 Northwest Third Avenue
Building C, Room 311
Pompano Beach, Florida 33060

786-4510

200 S.W. Twenty Seventh Avenue
Fort Lauderdale, Florida 33111

584-8810

South regional Courthouse
3550 Hollywood Boulevard
Suite 160
Hollywood, Florida 33021

963-7500
ext. 430

Services: The F.I.R.S.T. Staff assesses the needs of clients through personal consultation and develops a service plan to meet those needs. Each step of the assistance process is monitored by the F.I.R.S.T. Staff to insure that the client's needs are being met and that services are being rendered in a timely manner.

Henderson Mental Health Center

330 S.W. Twenty Seventh Avenue
Fort Lauderdale, Florida

791-4300

Services: Variety of education, consultation and treatment projects and programs.

**Nova University Community
Mental Health Clinic**

1500 University Drive, Suite 105 **753-7020**
Coral Springs, Florida 33065

2331 North State Road 7 **486-3663**
Lauderhill, Florida 33313

3301 College Avenue **475-7070**
Fort Lauderdale, Florida 33314

Services: An outpatient mental health facility offering individual therapy, family counseling, child/adolescent counseling, parent training, group therapy, psychiatric and psychological evaluation, chemotherapy, and after care/case management.

Juvenile Diversionary Program

2301 Johnson Street **431-2004**
Pembroke Pines, Florida

Services: Youth who are arrested for first time offenses may be referred by police for special counseling, instead of being sent to a detention center. Youth must agree to counseling.
Free service.

October Center

1429 Sistrunk Boulevard **523-8600**
Fort Lauderdale, Florida 33311

Services: Prevention outreach program offering individual and family counseling and providing a variety of alternative programs that help an individual learn positive life management skills.

School District Resources

School Social Worker/Visiting Teacher

786-7646

Services: Student and parent counseling
Data collection
Home visits for assessment
Multi-disciplinary staffing
Group intervention

Child Abuse and Neglect Coordinator

786-7658

Services: Case consultation
Community agency liaison
Staff training (instructional
and noninstructional)
Curriculum training

School Psychologist

786-7602

Services: Case consultation
Psycho-educational evaluation

Exceptional Student Education Specialist

786-7710

Services: Intervention in the academic area
Conferences with parents regarding
academic deficiencies and remediation

Guidance Counselor

Services: Individual counseling
Conference with parents
Internal and external referrals
Group intervention

786-7607

School Nurse

786-7641
467-4900

Services: Case consultation
Concerns regarding medication
Concerns regarding psychological maltreatment
Concerns regarding medical neglect

Health Education/Services

786-7641

Services: Audio/visual materials

Personal safety curriculum
Kids On the Block Puppet Show
(Sexual Abuse) Phone: Eileen Brams
473-5829

Vocational, Technical and Adult
Education/Community Instructional Services

Services: Personal safety curriculum
program for staff

524-8008
extension 255

Title: Child Protection
Liaison/Child Lures Program c

Description: In this program, guidance personnel and peer counselors are trained to teach students preventive measures to protect themselves against molestation/abduction. A trained facilitator leads selected school personnel through the program which includes videotapes produced and narrated by Ken Wooden, former investigative reporter for ABC News Magazine 20/20. Presentations to school faculties are geared to heighten awareness of crimes against children and to increase the reporting of suspected abuse.

Personal safety curriculum
for students

524-8006
extension 255

Title: Child Protection
Liaison/Child Lures Program c

Description: This program teaches students
preventative measures to protect themselves against
molestation/abduction, emphasizing the student's
development of critical thinking skills.

Family Counseling Center

Services: Counseling
Parenting classes
Internal and external referrals

Locations:	Northeast High School	928-0356
	Bair Middle School	572-1400
	Driftwood Middle School	985-3121
	South Broward High School	926-1924
	Taravella High School	344-2378
	Cooper City High School	680-7200
	Perry Middle School	985-5400
	Crystal Lakes Middle School	786-3550
	Dillard High School	581-4630

Peer Counseling Program

Services: Students help other students
by listening to their problems and
offering friendly support and advice.

Trains students who want to be
peer counselors.

For Further Information Contact:

Your School Guidance Counselor
During Regular School Hours

Teachers as Advisors Program (T A P)

Services: Teachers As Advisors creates homeroom groups of 20 students and one teacher or other school professional, which meet for 10 minutes daily for the purpose of developing rapport between faculty and students.

Locations: Pilot projects

Boyd Anderson High School	735-0500
Nova High School	475-7700
Taravella High School	344-2300

Alternative Education Program

Services: These programs are an option for some students are victims of poor family situations and have demonstrated an inability to adjust into a mainstream school. Teachers and counselors make weekly contact with the student's family.

Contact Drop-Out Prevention	786-7670
Alternative Education for further information.	

School Resource Officer

Services: The Broward Sheriff's Office and some local police departments have placed school resource officers in most middle and high schools in their jurisdictions. Officers counsel students and provide educational programs.

For Further Information Contact the
Local Police Department

FOR OTHER REFERRAL INFORMATION:

Crisis Hotline 467-6333

LIST OF REFERENCES

- Brassard, M. et al (Ed. S), Psychological Maltreatment of Children and Youth, New York: Pergamon Press, 1981.
- Burgess, Groth, Holmstrom and Sgroi, Sexual Assault of Children and Adolescents, Lexington, Mass.: Lexington Books, D.C. Heath and Co. 1978.
- Ebeling, N.B. and Hill, Child Abuse and Neglect: A Guide with Case Studies for Treating the Child and Family, Boston: John Wright-PSG, Inc., 1983.
- Erikson, E.L., et al, Child Abuse and Neglect: A Guidebook for Educators and Community Leaders, Holmes Beach, FL: Learning Publications, Inc., 1984.
- Garbarino and Garbarino, Emotional Maltreatment of Children, Chicago: National Committee for Prevention of Child Abuse, 1986.
- Garbarino, James, et al, The Psychologically Battered Child: Issues In Identification, Assessment and Intervention, San Francisco: Jossey-Bass Publishers, 1986.
- Justice, Blair & Rita, The Abusing Family, New York: Human Sciences Press, 1976.
- Kempe, Henry C. and Ray Helfer, Helping the Battered Child and His Family, Philadelphia: J.B. Lippincott and Co., 1972.
- Polansky, Norman A. et al., Damaged Parents: An Anatomy of Child Neglect, Chicago: The University of Chicago Press, 1981.
- Tower, Cynthia Crosson, Child Abuse and Neglect: A Teacher's Handbook for Detection, Reporting and Classroom Management, Washington, D.C.: NEA Professional Library, 1984.

REFERENCES FOR SPECIAL NEEDS CHILDREN
(Available through FDLRS)

CHEF - Comprehensive Health Education Foundation, Seattle, Washington

Sexual Abuse and Self Protection: A guide for teachers (PK-12) to work with handicapped students regarding sexual exploitation. Developed by the Developmental Disabilities Project of Seattle Rape Relief Center. (Cassettes, Workbooks, Pictures, Filmstrips).

Council for Exceptional Children: Child Abuse and Neglect

A 15 minute filmstrip with cassette tape emphasizing the role of the educator in dealing with child abuse and neglect.

Baird, Kristen. Body Rights, Circle Pines, Mn., American Guidance Services, AGS, 1986.

A DUSO approach to preventing sexual abuse of children. 1 book, 1 puppet, 1 teacher guide, 1 cassette, 1 lap easel, sample letters, 15 picture cards, 4 safety rules cards.

NO-GO-TELL. Pre-school and early elementary students. Designed for deaf children with communication and language limitations. Modified for use with visually impaired, learning disabled, emotionally disturbed, and mild to moderately mentally retarded.

Curriculum guide and 55 picture panels from the Lexington Center, Inc.



SECTION VI

APPENDIX

APPENDIX A

Ch. 415

PROTECTION FROM ABUSE, NEGLECT, AND EXPLOITATION

F.S. 1987

415.501 Prevention of abuse and neglect of children; state plan.—

(1) **LEGISLATIVE INTENT** —The incidence of known child abuse and child neglect has increased rapidly over the past 5 years. The impact that abuse or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that a comprehensive approach for the prevention of abuse and neglect of children be developed for the state and that this planned, comprehensive approach be used as a basis for funding.

(2) **PLAN FOR COMPREHENSIVE APPROACH** —

(a) The Department of Health and Rehabilitative Services shall develop a state plan for the prevention of abuse and neglect of children and shall submit the plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than January 1, 1983. The Department of Education shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to: community mental health centers, guardian ad litem programs for children under the circuit court, the school boards of the local school districts, the district human rights advocacy committees, private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, or neglected and with expertise in working with the families of such children, private or public programs or organizations with expertise in maternal and infant health care, multidisciplinary child protection teams, child day care centers, law enforcement agencies, and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

(b) The development of the comprehensive state plan shall be accomplished in the following manner:

1. The Department of Health and Rehabilitative Services shall establish an interprogram task force comprised of the Deputy Assistant Secretary for Health or his designee and representatives from the Children, Youth, and Families Program Office, the Children's Medical Services Program Office, the Alcohol, Drug Abuse, and Mental Health Program Office, the Developmental Services Program Office, and the Office of Evaluation. Representatives of the Department of Law Enforcement and of the Department of Education shall serve as ex officio members of the interprogram task force. The interprogram task force shall be responsible for:

a. Developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse and neglect conducted by the department in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.

b. Providing a basic format to be utilized by the districts in the preparation of local plans of action in order

to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.

c. Providing the districts with technical assistance in the development of local plans of action, if requested.

d. Examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.

e. Preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the collapsing of information obtained from the local plans, the cooperative plans with the Department of Education, and the plan of action for coordination and integration of departmental activities into one comprehensive plan. The comprehensive plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The plan shall also include each separate local plan of action.

1. Working with the specified state agency in fulfilling the requirements of subparagraphs 2, 3, 4, and 5.

2. The Department of Education and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.

3. The Department of Law Enforcement and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect.

4. Within existing appropriations, the Department of Health and Rehabilitative Services shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect. The plan for accomplishing this end shall be included in the state plan.

5. The Department of Education and the Department of Health and Rehabilitative Services shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progression levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the comprehensive state plan for the prevention of child abuse and child neglect.

6 Each district of the Department of Health and Rehabilitative Services shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the interprogram task force for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in paragraph (a) as well as representatives from those departmental district offices participating in the treatment and prevention of child abuse and neglect. In order to accomplish this, the district administrator in each district shall establish a task force on the prevention of child abuse and neglect. The district administrator shall appoint the members of the task force in accordance with the membership requirements of this section. In addition, the district administrator shall ensure that each subdistrict is represented on the task force, and if the district does not have subdistricts, the district administrator shall ensure that both urban and rural areas are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

a Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child neglect in its geographical area.

b A description of programs currently serving abused and neglected children and their families and a description of programs for the prevention of child abuse and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.

c A continuum of programs and services necessary for a comprehensive approach to the prevention of all types of child abuse and neglect as well as a brief description of such programs and services.

d A description, documentation, and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum of programs and services.

e A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.

f A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse and neglect.

g Recommendations for changes that can be accomplished only at the state program level or by legislative action.

The district local plan of action shall be submitted to the interprogram task force by November 1, 1982.

(3) FUNDING AND SUBSEQUENT PLANS —

(a) All budget requests submitted by the Department of Health and Rehabilitative Services, the Department of Education, or any other agency to the Legis-

lature for funding of efforts for the prevention of child abuse and neglect shall be based on the state plan developed pursuant to this section.

(b) At least biennially, the Department of Health and Rehabilitative Services at the state and district levels and the other agencies listed in paragraph (2)(a) shall readdress the plan and make necessary revisions. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than January 1, 1985, and by January 1 of alternate years thereafter.

History — s. 1, ch. 82-60, § 62; ch. 85-8, § 10; ch. 85-248, § 19; ch. 86-227.
Note — Former s. 409.7C.

415.5015 Child abuse prevention training in the district school system.—

(1) SHORT TITLE — This section may be cited as the "Child Abuse Prevention Training Act of 1985."

(2) LEGISLATIVE INTENT — It is the intent of the Legislature that primary prevention training for all children in kindergarten through grade 12 be encouraged in the district school system through the training of school teachers, guidance counselors, parents, and children.

(3) DEFINITIONS — As used in this section:

(a) "Department" means the Department of Education.

(b) "Child abuse" means those acts as defined in ss. 39.01, 415.503, and 827.04.

(c) "Primary prevention and training program" means a training and educational program for children, parents, and teachers which is directed toward preventing the occurrence of child abuse, including sexual abuse, physical abuse, child neglect, and drug and alcohol abuse, and toward reducing the vulnerability of children through training of children and through including coordination with, and training for, parents and school personnel.

(d) "Prevention training center" means a center as described in subsection (5).

(4) PRIMARY PREVENTION AND TRAINING PROGRAM — A primary prevention and training program shall include all of the following, as appropriate for the persons being trained:

(a) Information provided in a clear and nonthreatening manner, describing the problem of sexual abuse, physical abuse, neglect, and alcohol and drug abuse, and the possible solutions.

(b) Information and training designed to counteract common stereotypes about victims and offenders.

(c) Crisis counseling techniques.

(d) Available community resources and ways to access those resources.

(e) Physical and behavioral indicators of abuse.

(f) Rights and responsibilities regarding reporting.

(g) School district procedures to facilitate reporting.

(h) Caring for a child's needs after a report is made.

(i) How to disclose incidents of abuse.

(j) Child safety training and age-appropriate self-defense techniques.

(k) The right of every child to live free of abuse.

(l) The relationship of child abuse to handicaps in young children.

- (m) Parenting, including communication skills
- (n) Normal and abnormal child development
- (o) Information on recognizing and alleviating family stress caused by the demands required in caring for a high-risk or handicapped child
- (p) Supports needed by school-age parents in caring for a young child
- (5) PREVENTION TRAINING CENTERS, FUNCTIONS, SELECTION PROCESS, MONITORING AND EVALUATION —

(a) Each training center shall perform the following functions:

1. Act as a clearinghouse to provide information on prevention curricula which meet the requirements of this section and the requirements of ss. 231.17, 233.011(3)(a), 236.0811, and 415.501.

2. Assist the local school district in selecting a prevention program model which meets the needs of the local community.

3. At the request of the local school district, design and administer training sessions to develop or expand local primary prevention and training programs.

4. Provide assistance to local school districts, including, but not limited to, all of the following: administration, management, program development, multicultural staffing, and community education, in order to better meet the requirements of this section and of ss. 231.17, 233.011(3)(a), 236.0811, and 415.501.

5. At the request of the Department of Education or the local school district, provide ongoing program development and training to achieve all of the following:

a. Meet the special needs of children, including, but not limited to, the needs of disabled and high-risk children.

b. Conduct an outreach program to inform the surrounding communities of the existence of primary prevention and training programs and of funds to conduct such programs.

6. Serve as a resource to the Department of Health and Rehabilitative Services and its districts.

(b) The department, in consultation with the Department of Health and Rehabilitative Services, shall select and award grants by January 1, 1986, for the establishment of three private, nonprofit prevention training centers: one located in and serving South Florida, one located in and serving Central Florida, and one located in and serving North Florida. The department, in consultation with the Department of Health and Rehabilitative Services, shall select an agency or agencies to establish three training centers which can fulfill the requirements of this section and meet the following requirements:

1. Have demonstrated experience in child abuse prevention training.

2. Have shown capacity for training primary prevention and training programs as defined in subsection (4).

3. Have provided training and organizing technical assistance to the greatest number of private prevention and training programs.

4. Have employed the greatest number of trainers with experience in private child abuse prevention and training programs.

5. Have employed trainers which represent the cultural diversity of the area.

6. Have established broad community support.

(c) The department shall monitor and evaluate primary prevention and training programs utilized in the local school districts and shall monitor and evaluate the impact of the prevention training centers on the implementation of primary prevention programs and their ability to meet the required responsibilities of a center as described in this section.

(6) The Department of Education shall administer this act and in so doing is authorized to adopt rules and standards necessary to implement the specific provisions of this act.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 85-248, § 49, cr. 86-220.

415.502 Comprehensive protective services for abused or neglected children; legislative intent.—The intent of ss. 415.502-415.514 is to provide for comprehensive protective services for abused or neglected children found in the state by requiring that reports of each abused or neglected child be made to the Department of Health and Rehabilitative Services in an effort to prevent further harm to the child or any other children living in the home and to preserve the family life of the parents and children, to the maximum extent possible, by enhancing the parental capacity for adequate child care.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 83-24, § 941, cr. 71-136, ss. 1, 1A, cr. 71-57, § 32, ch. 73-334, § 65, ch. 74-383, § 1, ch. 75-101, § 1, ch. 75-185, § 4, ch. 76-231, § 1, ch. 77-77, § 3, ch. 77-429, ss. 1, 2, ch. 78-322, § 5, ch. 78-326, § 22, ch. 78-361, § 1, ch. 78-375, § 181, cr. 79-164, § 1, ch. 79-203, § 488, cr. 81-259.

Note.—Former ss. 828.041, 827.07(1).

415.503 Definitions of terms used in ss. 415.502-415.514.—As used in ss. 415.502-415.514:

(1) "Abused or neglected child" means a child whose physical or mental health or welfare is harmed, or threatened with harm, by the acts or omissions of the parent or other person responsible for the child's welfare.

(2) "Child" means any person under the age of 18 years.

(3) "Child abuse or neglect" means harm or threatened harm to a child's physical or mental health or welfare by the acts or omissions of the parent or other person responsible for the child's welfare.

(4) "Child protection team" means a team of professionals established by the department to receive referrals from the single intake and protective services staff of the children, youth, and families program and to provide specialized and supportive services to the program in processing child abuse and neglect cases. A child protection team shall provide consultation to other programs of the department and other persons on child abuse and neglect cases pursuant to s. 415.5055(1)(g).

(5) "Confirmed report" means a report made pursuant to s. 415.504 when a child protective investigation determines that abuse or neglect has occurred and the perpetrator is identified.

(6) "Department" means the Department of Health and Rehabilitative Services.

(7) "Guardian ad litem" means a responsible adult who is appointed by the court to represent the best interests of a child in a proceeding as provided for by law, including, but not limited to, chapter 39 and this chapter, who shall be a party to any judicial proceeding as a representative of the child, and who shall serve until discharged by the court.

(8) "Harm" to a child's health or welfare can occur when the parent or other person responsible for the child's welfare

(a) Inflicts, or allows to be inflicted, upon the child physical or mental injury. Such injury includes, but is not limited to

1 Injury sustained as a result of excessive corporal punishment.

2 Physical dependency of a newborn infant upon any drug controlled in Schedule I of s. 893.03, upon any drug controlled in Schedule II of s. 893.03 with the exception of drugs administered in conjunction with a detoxification program as defined in s. 397.021, or upon drugs administered in conjunction with medically-approved treatment procedures, provided that no parent of such a newborn infant shall be subject to criminal investigation solely on the basis of such infant's drug dependency.

(b) Commits, or allows to be committed, sexual battery, as defined in chapter 794, against the child or commits, or allows to be committed, sexual abuse of a child.

(c) Exploits a child, or allows a child to be exploited as provided in s. 450.151.

(d) Abandons the child.

(e) Fails to provide the child with supervision or guardianship by specific acts or omissions of a serious nature requiring the intervention of the department or the court, or

(f) Fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so; however, a parent or other person responsible for the child's welfare legitimately practicing his religious beliefs, who by reason thereof does not provide specified medical treatment for a child, may not be considered abusive or neglectful for that reason alone, but such an exception does not

1 Eliminate the requirement that such a case be reported to the department.

2 Prevent the department from investigating such a case, or

3 Preclude a court from ordering, when the health of the child requires it, the provision of medical services by a physician, as defined herein, or treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

(9) "Indicated report" means a report made pursuant to s. 415.504 when a child protective investigation determines that some indication of abuse or neglect exists.

(10) "Institutional child abuse or neglect" means situations of known or suspected child abuse or neglect in which the person allegedly perpetrating the child abuse or neglect is an employee of a public or private school, public or private day care center, residential home, institution, facility, or agency or any other person responsible for the child's care.

(11) "Mental injury" means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in his ability to function within his normal range of performance and behavior, with due regard to his culture.

(12) "Other person responsible for a child's welfare" includes the child's legal guardian, legal custodian, or foster parent, an employee of a public or private school, public or private child day care center, residential home, institution, facility, or agency, or any other person legally responsible for the child's welfare in a residential setting.

(13) "Physical injury" means death, permanent or temporary disfigurement, or impairment of any bodily part.

(14) "Physician" means any licensed physician, dentist, podiatrist, or optometrist and includes any intern or resident.

(15) "Sexual abuse of a child" means one or more of the following acts:

(a) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

(b) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(c) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that it does not include any act intended for a valid medical purpose.

(d) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that it does not include

1 Any act which may reasonably be construed to be a normal caretaker responsibility, an interaction with, or affection for a child, or

2 Any act intended for a valid medical purpose.

(e) The intentional masturbation of the perpetrator's genitals in the presence of a child.

(f) The intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

(g) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to

1 Solicit for or engage in prostitution, or

2 Engage in a sexual performance, as defined by chapter 827.

(16) "Unfounded report" means a report made pursuant to s. 415.504 when an investigation determines that no indication of abuse or neglect exists.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941; ch. 71-136, ss. 1, 1A, ch. 71-27, s. 32; ch. 73-334, s. 65; ch. 74-363, s. 1; ch. 75-101, s. 1; ch. 75-185, s. 4; ch. 76-211, s. 1; ch. 77-77, s. 3; ch. 77-429, ss. 1, 2; ch. 78-322, s. 3; ch. 78-326, s. 22; ch. 78-361, s. 1; ch. 78-379, s. 181; ch. 79-164, s. 1; ch. 79-253, s. 468; ch. 81-255, s. 2; ch. 83-75, s. 6; ch. 84-226, s. 1; ch. 87-90, s. 33; ch. 87-238.

Note.—Former ss. 826.041, 827.01, 2.

415.504 Mandatory reports of child abuse or neglect; mandatory reports of death; abuse registry.

(1) Any person, including, but not limited to, any

(a) Physician, osteopath, medical examiner, chiropractor, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

(b) Health or mental health professional other than one listed in paragraph (a).

(c) Practitioner who relies solely on spiritual means for healing;

(d) School teacher or other school official or personnel;

(e) Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker; or

(f) Law enforcement officer,

who knows, or has reasonable cause to suspect, that a child is an abused or neglected child shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(2)(a) Each report of known or suspected child abuse or neglect pursuant to this section shall be made immediately to the department's abuse registry on the single statewide toll-free telephone number or directly to the local office of the department responsible for investigation of reports made pursuant to this section.

(b) Each report made by a person in an occupation designated in subsection (1) shall be confirmed in writing to the local office of the department within 48 hours of the initial report.

(c) Reports involving known or suspected institutional child abuse or neglect shall be made and received in the same manner as all other reports made pursuant to this section.

(3) Any person required to report or investigate cases of suspected child abuse or neglect who has reasonable cause to suspect that a child died as a result of child abuse or neglect shall report his suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation pursuant to s. 406.11 and shall report his findings, in writing, to the local law enforcement agency, the appropriate state attorney, and the department. Autopsy reports maintained by the medical examiner shall not be subject to the confidentiality requirements provided for in s. 415.51.

(4)(a) The department shall establish and maintain a central abuse registry which shall receive reports made pursuant to this section in writing or through a single statewide toll-free telephone number which any person may use to report known or suspected child abuse or neglect at any hour of the day or night, any day of the week. The abuse registry shall be operated in such a manner as to enable the department to

1. Immediately identify and locate prior reports or cases of child abuse or neglect.

2. Regularly evaluate the effectiveness of the department's program for abused and neglected children through the development and analysis of statistical and other information.

(b) Upon receiving an oral or written report of known or suspected child abuse or neglect, the abuse registry shall immediately notify the local office of the department with respect to the report, any previous report concerning a subject of the present report, or any other pertinent information relative thereto.

(c) Upon completion of its investigation, the local office of the department shall classify reports as "confirmed," "indicated," or "unfounded." At this time the department shall notify the parent or guardian of the child, the child if appropriate, and the alleged perpetrator if

other than the child's parent or guardian, of the completion of its investigation of the report and whether the report is classified as "confirmed," "indicated," or "unfounded." All identifying information in the abuse registry or other computer systems or records that is related to unfounded reports shall be expunged 1 year after the case is classified as "unfounded." All identifying information in the abuse registry or other computer systems or records that is related to an indicated report shall be expunged from the registry 7 years from the date of the last indicated report concerning any person named in the report. All information, other than identifying information, related to indicated or unfounded reports at the time of expunction shall be disposed of in a manner deemed appropriate by the department and pursuant to ss. 119.041 and 257.36(7). Unfounded and indicated reports shall only be indexed by the name of the child to detect patterns of abuse or neglect. Persons named in the unfounded or indicated reports shall not be identified as alleged perpetrators. All information in the abuse registry or other computer systems or records shall be subject to the confidentiality provisions in s. 415.51.

(d)1. Where it is shown that the record is inaccurate or inconsistent with ss. 415.501-415.514, the department shall amend or expunge the record. The department shall notify the parent or guardian of the child, the child if appropriate, and the alleged perpetrator if other than the child's parent or guardian of what amendment is made to the record or of the expunction of the record.

2. Subsequent to the completion of the department's investigation, any alleged perpetrator of a confirmed report may request the secretary to amend or expunge the case record and all identifying information in the abuse registry or other computer systems or records pertaining to that report on the grounds that the record is inaccurate or is being maintained in a manner inconsistent with ss. 415.501-415.514.

3. Notice to the alleged perpetrator of a confirmed report shall state that:

a. The report has been classified as confirmed.

b. The alleged perpetrator of a confirmed report may be disqualified from working with children or the developmentally disabled or from working in sensitive positions involving the care of children, the developmentally disabled, disabled adults, or aged persons.

c. The alleged perpetrator may request amendment or expunction of the confirmed report, if the alleged perpetrator does not agree with the classification.

d. The request by the alleged perpetrator for amendment or expunction of the confirmed report must be received by the department within 30 days after the alleged perpetrator receives notice of the classification of the report.

e. The alleged perpetrator can obtain more information by calling the person whose name and telephone number are provided in the notice, and

f. The failure to timely ask for amendment or expunction means the alleged perpetrator agrees not to contest the classification of the report.

Notice to the alleged perpetrator shall be sent by certified mail.

4 Failure to respond within the time specified in subparagraph 3 means that the alleged perpetrator agrees not to contest the classification of the report. The alleged perpetrator may within 1 year of the classification of the report as confirmed request the department to set aside a confirmed report where it can be shown that the failure to ask for amendment or expunction was due to excusable neglect or fraud. The standard for excusable neglect or fraud shall be as provided in the Rules of Civil Procedure.

5 If the alleged perpetrator asks for amendment or expunction, the secretary may amend or expunge the record. If the secretary refuses or does not act within 30 days after receiving such a request, the alleged perpetrator shall have the right to an administrative hearing to contest whether the record of the report should be amended or expunged. At the chapter 120 hearing the department shall prove by a preponderance of evidence that the perpetrator committed the abuse or neglect. If the secretary refuses to amend or expunge and the alleged perpetrator fails to timely ask for an administrative hearing, the failure to timely ask shall mean that the alleged perpetrator agrees not to contest the secretary's decision and the findings of the confirmed report of abuse or neglect. If the secretary refuses to amend or expunge and the alleged perpetrator asks for an administrative hearing and the department's classification is upheld, the report shall remain as confirmed. Any person who is named in an indicated report shall not have the right to challenge the department's classification system through the department or through an administrative hearing under chapter 120.

6 The confidentiality of the abuse report shall, to the extent possible, be maintained during the administrative hearing process. The administrative hearing shall be closed, the administrative files shall be closed and not disclosed to the public under s. 119.07(1), and any identifying information in the recommended or final order shall be deleted prior to publishing pursuant to chapter 120.

(e) Nothing in this section is intended to require the expunction or destruction of case records or information required by the Federal Government to be retained for future audit.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941, ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32, ch. 73-334, s. 65, ch. 74-383, s. 1, ch. 75-101, s. 1, ch. 75-185, s. 4, ch. 76-237, s. 1, ch. 77-77, s. 3, ch. 77-426, ss. 1, 2, ch. 78-322, s. 3, ch. 78-326, s. 25, ch. 78-391, s. 1, ch. 78-375, s. 181, ch. 79-164, s. 1, ch. 79-203, s. 7, ch. 84-226, s. 37, ch. 85-54, s. 66, ch. 86-163, s. 34, ch. 87-236.

Note.—Former ss. 826.041, 827.07(3), (4), (9), (13), ch. 827.03, 827.04 Child abuse penalties; s. 827.06 Negligent treatment of child penalties.

415.505 Child protective investigations; institutional child abuse or neglect investigations.—

(1)(a) The department shall be capable of receiving and investigating reports of known or suspected child abuse or neglect 24 hours a day, 7 days a week. If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child will be unavailable for purposes of conducting a child protective investigation, or that the facts otherwise so warrant, the department shall commence an investigation immediately, regardless of the time of day or night. In all other child abuse or neglect cases, a child protective in-

vestigation shall be commenced within 24 hours of receipt of the report. If requested by a state attorney and/or local law enforcement agency, the department shall furnish all investigative reports to those agencies.

(b) For each report it receives, the department shall perform an onsite child protective investigation to:

1 Determine the composition of the family or household, including the name, address, age, sex, and race of each child named in the report, any siblings or other children in the same household or in the care of the same adults, the parents or other persons responsible for the child's welfare, and any other adults in the same household.

2 Determine whether there is indication that any child in the family or household is abused or neglected, including a determination of harm or threatened harm to each child, the nature and extent of present or prior injuries, abuse or neglect, and any evidence thereof, and a determination as to the person or persons apparently responsible for the abuse or neglect.

3 Determine the immediate and long-term risk to each child if the child remains in the existing home environment.

4 Determine the protective, treatment, and ameliorative services necessary to safeguard and ensure the child's well-being and development and, if possible, to preserve and stabilize family life.

(c) Upon receipt of an allegation of child abuse or neglect involving an employee of a district school board, the department shall immediately report such allegation to the district school board. The department shall be the lead agency and shall cooperate with the district school board in the investigation of the allegation.

(d) If the department is denied reasonable access to a child by the parents or other persons responsible for the child's welfare and the department deems that the best interests of the child so require, it shall seek an appropriate court order or other legal authority to examine and interview the child.

(e) If the department determines that a child requires immediate or long-term protection through:

1 Medical or other health care.

2 Homemaker care, day care, protective supervision, or other services to stabilize the home environment, or

3 Foster care, shelter care, or other substitute care to remove the child from his parents' custody,

such services shall first be offered for the voluntary acceptance of the parents or other person responsible for the child's welfare, who shall be informed of the right to refuse services as well as the responsibility of the department to protect the child regardless of the acceptance or refusal of services. If the services are refused or the department deems that the child's need for protection so requires, the department shall take the child into protective custody or petition the court as provided in chapter 39.

(f) No later than 30 days after receiving the initial report, the local office of the department shall complete its investigation, determine whether the reported abuse was confirmed, indicated, or unfounded, and report its findings to the department's abuse registry.

(g) Immediately upon receipt of a report alleging, or immediately upon learning during the course of an investigation, that a child received an observable injury or medically diagnosed internal injury as a result of child abuse or neglect, the department shall

1 If an allegation has been made, determine if such injury occurred as the result of abuse or neglect

2 If it was learned during the course of an investigation that such injury did occur as the result of abuse or neglect, orally notify the state attorney and the appropriate law enforcement agency

In all cases, the department shall make a full written report to the state attorney within 3 days of making the oral report. Upon receiving the oral notification, the law enforcement agency may conduct a criminal investigation, which shall be coordinated, whenever possible, with the child protective investigation of the department. Whenever the law enforcement agency and the department have conducted independent investigations, as soon as practicable after concluding its investigation, the law enforcement agency shall report the findings from its investigation to the state attorney and to the department. Any interested person who has information regarding the observable injury or medically diagnosed internal injury may forward a statement to the state attorney as to whether prosecution is warranted and appropriate.

(h) Immediately upon receipt of a report alleging, or immediately upon learning during the course of an investigation, that

1 A child died as a result of abuse or neglect;

2 A child is a victim of aggravated child abuse as defined in s. 827.03; or

3 A child is a victim of sexual battery or of sexual abuse as defined in s. 415.503,

the department shall orally notify the appropriate state attorney and the appropriate law enforcement agency, which shall immediately conduct a joint criminal investigation, unless independent investigations are more feasible. In all cases, the department shall make a full written report to the state attorney within 3 days of making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. If the department, as a result of its investigation, determines that there is cause to classify the report of the occurrence of an offense described in this paragraph as "confirmed," rather than "indicated" or "unfounded," the department may recommend that criminal charges be filed against the alleged perpetrator. Any interested person who has information regarding an offense described in this paragraph may forward a statement to the state attorney as to whether prosecution is warranted and appropriate.

(i) In a child protective investigation or a criminal investigation, when the initial interview with the child is conducted at school, the department or the law enforcement agency may allow, notwithstanding the provisions of s. 39.411(4), a school instructional staff member who is known by the child to be present during the initial interview if:

1 The department or law enforcement agency believes that the school instructional staff member could enhance the success of the interview by his presence and

2 The child requests or consents to the presence of the school instructional staff member at the interview.

School instructional staff may only be present when authorized by this subsection. Information received during the interview or from any other source regarding the alleged abuse or neglect of the child shall be confidential, except as otherwise provided by court order. A separate record of the investigation of the abuse or neglect shall not be maintained by the school or school instructional staff member. Violation of this subsection constitutes a misdemeanor of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(j) If the department, as a result of its investigation, determines that there is cause to classify the report of abuse or neglect as "confirmed," rather than "indicated" or "unfounded," and the alleged perpetrator has a prior confirmed report of abuse or neglect, then the department shall recommend to the state attorney that he consider whether prosecution is justified and appropriate in view of the nature of the abuse or neglect and in view of the fact that it is a subsequent confirmed report of abuse or neglect by the same perpetrator.

(k) Within 15 days of the completion of his investigation of cases reported to him pursuant to paragraphs (g), (h), and (i), the state attorney shall report his findings to the department and shall include in such report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

(2)(a) The department shall conduct a child protective investigation of each report of institutional child abuse or neglect. Upon receipt of a report which alleges that an employee or agent of the department, the Department of Education, any district school board, or any other entity or person covered by 's. 415.503(10) or (12), acting in an official capacity, has committed an act of child abuse or neglect, the department shall immediately initiate a child protective investigation and orally notify the appropriate state attorney and law enforcement agency, which shall immediately conduct a joint criminal investigation, unless independent investigations are more feasible. In all cases, the department shall make a full written report to the state attorney within 3 days of making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. If the department, as a result of its investigation, determines that there is cause to classify the report of abuse or neglect as "confirmed," rather than "indicated" or "unfounded," the department may recommend that criminal charges be filed against the perpetrator. Any interested person who has information regarding the offenses described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of his investigation, the state attorney shall report his findings to the department and shall include in such report a determination of whether or not prosecution is justified and

appropriate in view of the circumstances of the specific case

(b) The department shall notify the human rights advocacy committee in the appropriate district of the department as to every report of institutional child abuse or neglect in the district in which a client of the department is alleged or shown to have been abused or neglected, which notification shall be made within 24 hours of the time the department commences its investigation.

(3) The department shall notify the state attorney and the appropriate law enforcement agency of any other child abuse or neglect case in which a criminal investigation is deemed appropriate by the department.

History.—ss 1 2 3 4 5 6 ch 63-24 s 941 ch 71-136 ss 1 1A ch 71-97 s 32 ch 73-334 s 65 ch 74-363 s 1 ch 75-101 s 1 ch 75-185 s 4 ch 76-237 s 1 ch 77-77 s 3 ch 77-429 ss 1 2 ch 78-322 s 3 ch 78-326 s 22 ch 78-361 s 1 ch 78-375 s 181 ch 79-164 s 1 ch 79-203 s 485 ch 81-259 s 6 ch 84-226 ss 2 3 ch 85-332 s 1 ch 86-176 s 35 ch 87-238

Note.—The reference to "s. 415.503(10); or (12)" was substituted by the editors for a reference to "s. 415.503(9); or (11)" to conform to the renumbering by s. 33 ch 87-238.

Note.—Former ss 826 041 827 07(10); (14)
cf ss 827 03 827 04 Child abuse penalties
s 827 05 Negligent treatment of child penalties

415.5055 Child protection teams; services; eligible cases.—The department shall develop, maintain, and coordinate the services of one or more multidisciplinary child protection teams in each of the service districts of the department. Such teams may be composed of representatives of appropriate health, mental health, social service, legal service, and law enforcement agencies.

(1) The department shall utilize and convene the teams to supplement the single intake and protective services activities of the children, youth, and families program of the department. Nothing in this section shall be construed to remove or reduce the duty and responsibility of any person to report pursuant to s. 415.504 all suspected or actual cases of child abuse or neglect or sexual abuse of a child. The role of the teams shall be to support activities of the program and to provide services deemed by the teams to be necessary and appropriate to abused and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a child protection team shall be capable of providing include, but are not limited to, the following:

(a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of findings relative thereto.

(b) Telephone consultation services in emergencies and in other situations.

(c) Medical evaluation related to abuse or neglect, as defined by department policy or rule.

(d) Such psychological and psychiatric diagnosis and evaluation services for the child or his parent or parents, guardian or guardians, or other care givers, or any other individual involved in a child abuse or neglect case, as the team may determine to be needed.

(e) Short-term psychological treatment. It is the intent of the Legislature that short-term psychological treatment be limited to no more than 6 months' duration after treatment is initiated, except that the appropriate district administrator may authorize such treatment for

individual children beyond this limitation if the administrator deems it appropriate.

(f) Expert medical, psychological, and related professional testimony in court cases.

(g) Case staffings to develop, implement, and monitor treatment plans for children whose cases have been referred to the team. A child protection team may provide consultation with respect to a child who has not been referred to the team, but who is alleged or is shown to be abused, which consultation shall be provided at the request of a representative of the children, youth, and families program or at the request of any other professional involved with a child or his parent or parents, guardian or guardians, or other care givers. In every such child protection team case staffing, consultation, or staff activity involving a child, a children, youth, and families program representative shall attend and participate.

(h) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.

(i) Such training services for program and other department employees as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse and neglect cases.

(j) Educational and community awareness campaigns on child abuse and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse and neglect in the community.

(2) The child abuse and neglect cases that are appropriate for referral by the children, youth, and families program to child protection teams for support services as set forth in subsection (1) include, but are not limited to, cases involving:

(a) Bruises, burns, or fractures in a child under the age of 3 years or in a nonambulatory child of any age.

(b) Unexplained or implausibly explained bruises, burns, fractures, or other injuries in a child of any age.

(c) Sexual abuse of a child in which vaginal or anal penetration is alleged or in which other unlawful sexual conduct has been determined to have occurred.

(d) Venereal disease, or any other sexually transmitted disease, in a prepubescent child.

(e) Reported malnutrition of a child and failure of a child to thrive.

(f) Reported medical, physical, or emotional neglect of a child.

(g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse or neglect, when any sibling or other child remains in the home.

(h) Symptoms of serious emotional problems in a child when emotional or other abuse or neglect is suspected.

In all instances in which a child protection team is providing certain services to abused or neglected children, other offices and units of the department shall avoid duplicating the provision of those services.

History.—s 9 ch 84-226 s 63 ch 85-81

415.506 Taking child into protective custody.—A law enforcement officer or authorized agent of the department may take a child into custody as provided in chapter 39. Any person in charge of a hospital or similar institution or any physician treating a child may keep that child in his custody without the consent of the parents, legal guardian, or legal custodian, whether or not additional medical treatment is required, if the circumstances are such, or if the condition of the child is such, that continuing the child in the child's place of residence or in the care or custody of the parents, legal guardian, or legal custodian presents an imminent danger to the child's life or physical or mental health. Any person taking a child into protective custody shall immediately notify the department, whereupon the department shall immediately begin a child protective investigation in accordance with the provisions of s. 415.505(1) and shall make every reasonable effort to immediately notify the parents, legal guardian, or legal custodian that such child has been taken into protective custody. If the department determines, according to the criteria set forth in s. 39.402, that the child should remain in protective custody longer than 24 hours, it shall petition the court for an order authorizing such custody in the same manner as if the child were placed in a shelter. The department shall attempt to avoid the placement of a child in an institution whenever possible.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941; ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32; ch. 73-334, s. 65; ch. 74-383, s. 1; ch. 75-101, s. 1; ch. 75-185, s. 4; ch. 76-237, s. 1; ch. 77-77, s. 3; ch. 77-429, ss. 1, 2; ch. 78-322, s. 3; ch. 78-326, s. 22; ch. 78-361, s. 1; ch. 78-379, s. 181; ch. 79-164, s. 1; ch. 79-203.

Note.—Former ss. 828.041, 827.07(6).

415.507 Photographs, medical examinations, X rays, and medical treatment of abused or neglected child.—

(1) Any person required to investigate cases of suspected child abuse or neglect may take or cause to be taken photographs of the areas of trauma visible on a child who is the subject of a report and, if the areas of trauma visible on a child indicate a need for a medical examination, may cause the child to be referred for diagnosis to a licensed physician or an emergency department in a hospital without the consent of the child's parents, legal guardian, or legal custodian. Any licensed physician who has reasonable cause to suspect that an injury was the result of child abuse may authorize a radiological examination to be performed on the child without the consent of the child's parent, legal guardian, or legal custodian.

(2) Consent for any medical treatment shall be obtained in the following manner:

(a)1. Consent to medical treatment shall be obtained from a parent or guardian of the child, or

2. A court order for such treatment shall be obtained.

(b) If a parent or guardian of the child is unavailable and his whereabouts cannot be reasonably ascertained, and it is after normal working hours so that a court order cannot reasonably be obtained, an authorized agent of the department shall have the authority to consent to necessary medical treatment for the child. The authority of the department to consent to medical treatment in

this circumstance shall be limited to the time reasonably necessary to obtain court authorization.

(c) If a parent or guardian of the child is available but refuses to consent to the necessary treatment, a court order shall be required unless the situation meets the definition of an emergency in s. 743.064 or the treatment needed is related to suspected abuse or neglect of the child by a parent or guardian. In such case, the department shall have the authority to consent to necessary medical treatment. This authority is limited to the time reasonably necessary to obtain court authorization.

In no case shall the department consent to sterilization, abortion, or termination of life support.

(3) Any photograph or report on examinations made or X rays taken pursuant to this section, or copies thereof, shall be sent to the department as soon as possible.

(4) The county in which the child is a resident shall bear the initial costs of the examination of the allegedly abused child; however, the parents, legal guardian, or legal custodian of the child shall be required to reimburse the county for the costs of such examination and to reimburse the Department of Health and Rehabilitative Services for the cost of the photographs taken pursuant to this section.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941; ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32; ch. 73-334, s. 65; ch. 74-383, s. 1; ch. 75-101, s. 1; ch. 75-185, s. 4; ch. 76-237, s. 1; ch. 77-77, s. 3; ch. 77-429, ss. 1, 2; ch. 78-322, s. 3; ch. 78-326, s. 22; ch. 78-361, s. 1; ch. 78-379, s. 181; ch. 79-164, s. 1; ch. 79-203, s. 75; ch. 86-220.

Note.—Former ss. 828.041, 827.07(5).

415.5075 Implementation of chapter 86-220, Laws of Florida; rules.—Effective July 1, 1986, the Department of Health and Rehabilitative Services shall adopt rules necessary for implementation of sections of chapter 86-220, Laws of Florida, relating to medical screening and medical treatment of children.

History.—s. 76, ch. 86-220.

415.508 Appointment of guardian ad litem for abused or neglected child.—

(1) A guardian ad litem shall be appointed by the court to represent the child in any child abuse or neglect judicial proceeding, whether civil or criminal. Any person participating in a civil or criminal judicial proceeding resulting from such appointment shall be presumed prima facie to be acting in good faith and in so doing shall be immune from any liability, civil or criminal, that otherwise might be incurred or imposed.

(2) In those cases in which the parents are financially able, the parent or parents of the child shall reimburse the court, in part or in whole, for the cost of provision of guardian ad litem services. Reimbursement to the individual providing guardian ad litem services shall not be contingent upon successful collection by the court from the parent or parents.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941; ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32; ch. 73-334, s. 65; ch. 74-383, s. 1; ch. 75-101, s. 1; ch. 75-185, s. 4; ch. 76-237, s. 1; ch. 77-77, s. 3; ch. 77-429, ss. 1, 2; ch. 78-322, s. 3; ch. 78-326, s. 22; ch. 78-361, s. 1; ch. 78-379, s. 181; ch. 79-164, s. 1; ch. 79-203, s. 10; ch. 84-226.

Note.—Former ss. 828.041, 827.07(16).

415.509 Responsibilities of public agencies with respect to prevention, identification, and treatment of child abuse and child neglect; educational and training programs.—

(1)(a) The department shall

1 Have prime responsibility for strengthening and improving child abuse and neglect prevention and treatment efforts

2 Seek and encourage the development of improved or additional programs and activities, the assumption of prevention and treatment responsibilities by additional agencies and organizations, and the coordination of existing programs and activities

3 To the fullest extent possible, cooperate with and seek cooperation of all appropriate public and private agencies, including health, education, social services, and law enforcement agencies, and courts, organizations, or programs providing or concerned with human services related to the prevention, identification, or treatment of child abuse or neglect

4 Provide ongoing protective, treatment, and ameliorative services to, and on behalf of, children in need of protection to safeguard and ensure their well-being and, whenever possible, to preserve and stabilize family life

(b) All state, county, and local agencies have a duty to give such cooperation, assistance, and information to the department as will enable it to fulfill its responsibilities under ss. 415.502-415.514

(2) The department shall, within available appropriations, conduct a continuing publicity and education program for district staff and officials required to report and any other appropriate persons to encourage the fullest degree of reporting of suspected child abuse or neglect. The program shall include, but not be limited to, information concerning the responsibilities, obligations, and powers provided under ss. 415.502-415.514, the methods for diagnosis of child abuse or neglect, and the procedures of the child protective service program, the circuit court, and other duly authorized agencies. In developing training programs for district staff, the department shall place emphasis on preservice and inservice training for single intake, protective services, and foster care staff which would include skills in diagnosis and treatment of child abuse and neglect and procedures of the child protective system and judicial process.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, § 941; ch. 71-136, ss. 1, 1A, ch. 71-97, § 32; ch. 73-334, § 62; ch. 74-383, § 1; ch. 75-101, § 1; ch. 75-185, § 4; ch. 76-237, § 1; ch. 77-77, § 3; ch. 77-429, ss. 1, 2; ch. 78-322, § 3; ch. 78-326, § 22; ch. 79-36, § 1; ch. 79-379, § 181; ch. 79-164, § 1; ch. 79-203, § 488; ch. 81-259.

Note.—former ss. 828.041, 827.07(1), (12).

415.5095 Intervention and treatment in sexual abuse cases; model plan.—

(1) The impact of sexual abuse on the child and family has caused the Legislature to determine that special intervention and treatment must be offered in certain cases so that the child can be protected from further abuse, the family can be kept together, and the abuser can benefit from treatment. To further this end, it is the intent of the Legislature that special funding shall be available in those communities where agencies and professionals are able to work cooperatively to effectuate intervention and treatment in intrafamily sexual abuse cases.

(2) The Department of Health and Rehabilitative Services shall develop a model plan for community intervention and treatment of intrafamily sexual abuse in con-

junction with the Department of Law Enforcement, the Department of Education, the Attorney General, the state Guardian-Ad Litem Program, the Department of Corrections, representatives of the judiciary, and professionals and advocates from the mental health and child welfare community.

History.—s. 36, ch. 85-54.

415.51 Confidentiality of reports and records in cases of child abuse or neglect.—

(1) In order to protect the rights of the child and his parents or other persons responsible for the child's welfare, all records concerning reports of child abuse or neglect, including reports made to the abuse registry and to local offices of the department and all records generated as a result of such reports, shall be confidential and exempt from the provisions of s. 119.07(1) and shall not be disclosed except as specifically authorized by ss. 415.502-415.514. Such exemption from s. 119.07(1) applies to information in the possession of those entities granted access as set forth in this section.

(2) Access to such records, excluding the name of the reporter which shall be released only as provided in subsection (6), shall be granted only to the following persons, officials, and agencies for the following purposes:

(a) Employees or agents of the department responsible for carrying out child protective investigations, ongoing child protective services, or licensure or approval of adoptive homes, foster homes, or other homes used to provide for the care and welfare of children.

(b) A law enforcement agency investigating a report of known or suspected child abuse or neglect.

(c) The state attorney of the judicial circuit in which the child resides or in which the alleged abuse or neglect occurred.

(d) Any child, parent, or perpetrator who is the subject of a report or the subject's guardian, custodian, guardian ad litem, or counsel.

(e) A court, by subpoena, upon its finding that access to such records may be necessary for the determination of an issue before the court, however, such access shall be limited to inspection in camera, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it.

(f) A grand jury, by subpoena, upon its determination that access to such records is necessary in the conduct of its official business.

(g) Any appropriate official of the department responsible for:

1 Administration or supervision of the department's program for the prevention, investigation, or treatment of child abuse or neglect when carrying out his official function, or

2 Taking appropriate administrative action concerning an employee of the department alleged to have perpetrated institutional child abuse or neglect.

(h) Any person engaged in bona fide research or audit purposes. However, no information identifying the subjects of the report shall be made available to the researcher unless such information is absolutely essential to the research purpose, suitable provision is made to

maintain the confidentiality of the data, and the department has given written approval.

(i) The Florida Department of Law Enforcement for the purpose of assisting local law enforcement agencies and the department in identifying and investigating crimes perpetrated against children, including, but not limited to, prostitution, sexual or physical abuse, pornography, pedophilia, and child homicides.

(j) The Division of Administrative Hearings for purposes of any administrative challenge relating to the report.

(3) The department may release to professional persons such information as is necessary for the diagnosis and treatment of the child or the person perpetrating the abuse.

(4) The department shall search its abuse registry records pursuant to the requirements of ss. 110.1127, 393.0655, 394.457, 396.0425, 397.0715, 402.305(1), 402.3055, 402.313, 409.175, 409.176, and 959.06 for the existence of a confirmed report made on the personnel as defined in the foregoing provisions. The search shall also include indicated reports prior to July 1, 1987. Reports prior to 1978 shall not be included. If the search reveals an indicated report prior to July 1, 1987, the department shall review the report to determine whether the indicated report shall remain classified as indicated or shall be classified as confirmed according to the definitions in s. 415.503. If the report remains classified as indicated, the individual may not be disqualified. If the report is classified as confirmed, the department shall notify the individual according to the provisions of s. 415.504(4)(d). The department shall report the existence of any confirmed report of abuse and advise the authorized licensing agency, applicant for license, or other authorized agency or person of the results of the search, the date of the report, whether 30 days have elapsed for requests for expunction or amendment, failure of the alleged perpetrator to respond pursuant to s. 415.504(4)(d), results of any hearing conducted by the secretary and any subsequent administrative hearing, and in the case of judicial determination of abuse, the procedure for inspection of court records as set forth in s. 39.411(3). The department shall not release any information on unfounded or indicated reports. Prior to a search being conducted, the department or its designee shall notify such person that an inquiry will be made. The department shall notify each person for whom a search is conducted of the results of the search upon request.

(5) The department shall, with the written consent of a person applying to a licensed child-placing agency for the adoption of a child, search its abuse registry for the existence of a confirmed report and advise the licensed child-placing agency of any such report found and the results of the investigation conducted pursuant thereto, including whether 30 days have elapsed for requests for expunction or amendment, failure of the alleged perpetrator to respond pursuant to s. 415.504(4)(d), and results of any hearing conducted by the secretary and any subsequent administrative hearing held on the report.

(6) Except as provided in subsection (4), the department shall, with the written consent of a person applying to work with children as a volunteer or as a paid employee for a public or private nonprofit agency, or for an indi-

vidual family, search its abuse registry for the existence of a confirmed report and shall advise such agency or family of any such report found and the results of the investigation conducted pursuant thereto, including whether 30 days have elapsed for requests for expunction or amendment, failure of the alleged perpetrator to respond pursuant to s. 415.504(4)(d), and results of any hearing conducted by the secretary and any subsequent administrative hearing held on the report.

(7) The name of any person reporting child abuse or neglect shall not be released to any person other than employees of the department responsible for child protective services, the abuse registry, or the appropriate state attorney without the written consent of the person reporting. This does not prohibit the subpoenaing of a person reporting child abuse or neglect when deemed necessary by the state attorney or the department to protect a child who is the subject of a report, provided the fact that such person made the report is not disclosed. Any person who reports a case of child abuse or neglect may, at the time he makes the report, request that the department notify him that a child protective investigation occurred as a result of the report. The department shall mail such a notice to the reporter within 10 days of the completion of the child protective investigation.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941, ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32, ch. 73-334, s. 62, ch. 74-363, s. 1, ch. 75-101, s. 1, ch. 75-185, s. 4, ch. 76-237, s. 1, ch. 77-77, s. 3, ch. 77-429, ss. 1, 2, ch. 78-322, s. 3, ch. 78-326, s. 22, ch. 78-361, s. 1, ch. 78-379, s. 181, ch. 79-164, s. 1, ch. 79-203, s. 486, ch. 81-255, s. 11, ch. 84-226, s. 39, ch. 85-54, s. 14, ch. 85-224, s. 36, ch. 87-238.

Note.—Former ss. 828.041, 827.07(15).

415.511 Immunity from liability in cases of child abuse or neglect.—Any person, official, or institution participating in good faith in any act authorized or required by ss. 415.502-415.514 shall be immune from any civil or criminal liability which might otherwise result by reason of such action.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941, ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32, ch. 73-334, s. 65, ch. 74-363, s. 1, ch. 75-101, s. 1, ch. 75-185, s. 4, ch. 76-237, s. 1, ch. 77-77, s. 3, ch. 77-429, ss. 1, 2, ch. 78-322, s. 3, ch. 78-326, s. 22, ch. 78-361, s. 1, ch. 78-379, s. 181, ch. 79-164, s. 1, ch. 79-203.

Note.—Former ss. 828.041, 827.07(7).

415.512 Abrogation of privileged communications in cases involving child abuse or neglect.—The privileged quality of communication between husband and wife and between any professional person and his patient or client, and any other privileged communication except that between attorney and client or the privilege provided in s. 90.505, as such communication relates both to the competency of the witness and to the exclusion of confidential communications, shall not apply to any situation involving known or suspected child abuse or neglect and shall not constitute grounds for failure to report as required by s. 415.504, failure to cooperate with the department in its activities pursuant to ss. 415.502-415.514, or failure to give evidence in any judicial proceeding relating to child abuse or neglect.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 63-24, s. 941, ch. 71-136, ss. 1, 1A, ch. 71-97, s. 32, ch. 73-334, s. 65, ch. 74-363, s. 1, ch. 75-101, s. 1, ch. 75-185, s. 4, ch. 76-237, s. 1, ch. 77-77, s. 3, ch. 77-429, ss. 1, 2, ch. 78-322, s. 3, ch. 78-326, s. 22, ch. 78-361, s. 1, ch. 78-379, s. 181, ch. 79-164, s. 1, ch. 79-203, s. 2, ch. 85-26.

Note.—Former ss. 828.041, 827.07(8).

cf. ss. 827.03, 827.04 Child abuse: penalties.
s. 827.05 Negligent treatment of child: penalties.

415.513 Penalties for failing to report or preventing another person from reporting, or disclosing confidential information relating to, a case of child abuse or neglect.—

(1) Any person required by s. 415.504 to report known or suspected child abuse or neglect who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(2) Any person who knowingly and willfully makes public or discloses any confidential information contained in the abuse registry or in the records of any child abuse or neglect case, except as provided in ss. 415.502–415.514, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 83-24, § 94; ch. 71-136, ss. 1, 1A, ch. 71-97, § 32; ch. 73-334, § 65; ch. 74-383, § 1; ch. 75-101, § 1; ch. 75-185, § 4; ch. 76-237, § 1; ch. 77-77, § 3; ch. 77-429, ss. 1, 2; ch. 78-322, § 3; ch. 78-326, § 22; ch. 78-361, § 1; ch. 78-379, § 18; ch. 79-164, § 1; ch. 79-203.

Note.—Former ss. 828.041, 827.07(18); cf. ss. 415.111. Penalties for failing to report or preventing report, or for disclosing confidential information relating to abuse, neglect, or exploitation of aged person or disabled adult, or for act of such abuse, neglect, or exploitation.

415.514 Rules for implementation of ss. 415.502–415.514.—The department shall promulgate rules in furtherance of the purpose of ss. 415.502–415.514 and may amend such rules as may be necessary.

History.—ss. 1, 2, 3, 4, 5, 6, ch. 83-24, § 94; ch. 71-136, ss. 1, 1A, ch. 71-97, § 32; ch. 73-334, § 65; ch. 74-383, § 1; ch. 75-101, § 1; ch. 75-185, § 4; ch. 76-237, § 1; ch. 77-77, § 3; ch. 77-429, ss. 1, 2; ch. 78-322, § 3; ch. 78-326, § 22; ch. 78-361, § 1; ch. 78-379, § 18; ch. 79-164, § 1; ch. 79-203, § 488; ch. 81-259.

Note.—Former ss. 828.041, 827.07(17).

415.601 Domestic violence cases; treatment and rehabilitation of victims and perpetrators; legislative intent.—The Legislature recognizes that certain persons who assault, batter, or otherwise abuse their spouses and the persons subject to such domestic violence are in need of treatment and rehabilitation. It is the intent of the Legislature to assist in the development of domestic violence centers for the victims of domestic violence and to provide a place where the parties involved may be separated until they can be properly assisted.

History.—s. 1, ch. 78-281, § 1; ch. 84-343.

Note.—Former s. 409.601.

415.602 Definitions of terms used in ss. 415.601–415.608.—As used in ss. 415.601–415.608, the term

(1) "Department" means the Department of Health and Rehabilitative Services.

(2) "District" means a service district of the department as created in s. 20.19.

(3) "Domestic violence" means any assault, battery, or criminal sexual conduct by a person against the person's spouse.

(4) "Domestic violence center" means a facility which provides services to victims of domestic violence.

(5) "Spouse" means a person to whom another person is married or a person to whom another person has been married and from whom such other person is now separated or divorced.

History.—s. 2, ch. 78-281, § 2; ch. 79-402, § 1; ch. 82-135, § 71; ch. 83-218, § 1; ch. 84-126, § 2; ch. 84-343.

Note.—The term "district" was separately defined by s. 1, ch. 84-126, and by s. 3, ch. 84-343. As used in ss. 415.601–415.608, the word "district" appears to be used in the sense of a "service district" which is the definition supplied by ch. 84-126 and the provision which is published in s. 415.602(2) pending legislative or judicial clarification.

Further, the definition supplied by ch. 84-126 is more accurate in that s. 20.19, which is referred to in both definitions, establishes service districts each composed of specified counties but does not define a "county" or combination of counties as provided in the definition supplied by ch. 84-343, which reads:

(2) "District" means the county or combination of counties as defined in s. 20.19.

Note.—Former s. 409.602.

415.603 Duties and functions of the department with respect to domestic violence.—

(1) It shall be the duty of the department

(a) To establish health, safety, and minimum program requirement standards for certifying domestic violence centers.

(b) To receive and approve or reject applications for state funding of domestic violence centers.

(c) To receive and approve or reject applications for certification of domestic violence centers.

(d) To evaluate annually each certified domestic violence center for compliance with the minimum standards. The department shall have the right to enter and inspect the premises of certified domestic violence centers at any reasonable hour in order to effectively evaluate the state of compliance of such centers with the provisions of ss. 415.601–415.608 and rules in force pursuant thereto.

(2) The department shall prescribe by rule the procedures by which subsection (1) shall be implemented. Without using designated district allocated funds, the department may

(a) Formulate and conduct a research and evaluation program on domestic violence and cooperate with, and assist and participate in, programs of other properly qualified agencies, including any agency of the Federal Government, schools of medicine, hospitals, and clinics, in planning and conducting research on the prevention, care, treatment, and rehabilitation of persons engaged in or subject to domestic violence.

(b) Serve as a clearinghouse for information relating to domestic violence.

(c) Carry on educational programs on domestic violence for the benefit of the general public, persons engaged in or subject to domestic violence, professional persons, or others who care for or may be engaged in the care and treatment of persons engaged in or subject to domestic violence.

(d) Enlist the assistance of public and voluntary health, education, welfare, and rehabilitation agencies in a concerted effort to prevent domestic violence and to treat persons engaged in or subject to domestic violence.

(3) The department shall prescribe by rule the procedures by which s. 415.605(7) shall be implemented and may adopt such other rules as may be necessary for the proper administration of ss. 415.601, 415.602, 415.603, 415.604, 415.605, and 415.608.

History.—s. 3, ch. 78-281, § 3; ch. 79-402, ss. 2, 3; ch. 84-126, ss. 3, 5; ch. 84-343.

Note.—Former s. 409.603.

415.604 Report to the Legislature on the status of domestic violence cases.—On or before January 1 of each year, the Department of Health and Rehabilitative Services shall furnish to the President of the Senate and the Speaker of the House of Representatives a report on the status of domestic violence in this state, which report shall include, but is not limited to, the following:



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Carol A. Smith, Director
School Social Work and Attendance
1400 Northeast Sixth Street
Pompano Beach, Florida 33060
(305) 786-7646

APPENDIX B

Neil Sterling
Chairperson
Lori Nance Parrish
Vice Chairperson
Jan R. Cummings
Robert D. Parks
Donald J. Samuels
Eileen S. Schwartz
Toni J. Siskin
William J. Leary, Ed.D.
Superintendent

Personal Safety Curriculum Training Guide - Elementary Level

Attached you will find:

- (1) Generic Guide for presenting curriculum materials.
- (2) Synopsis of film - "Better Safe Than Sorry, Part II"
- (3) Copies of letters sent to parents
 - (a) the day of the program
 - (b) requesting permission
- (4) Copy of lesson plan used for presentation
- (5) Mistakes in Movie (Better Safe Than Sorry, Part II)

Burt Caswell, A.C.S.W.
Irene Greene, M.S.W.
Nina Hansen, M.S.W.

Child Abuse and Neglect Coordinators - 786-7658
School Social Work and Attendance Department

GENERIC GUIDELINES FOR CURRICULUM PRESENTATIONS
ELEMENTARY LEVEL
CHILD ABUSE AND PERSONAL SAFETY

I. Time Frame:

Grade Level

K,1,2

3,4,5

Suggestion

20 - 30 Minutes

30 - 45 Minutes

II. General Tips:

Young children have short attention spans. For this reason, limit your discussion period following any audio-visual presentation. The curriculum training will be more effective if the classroom teacher follows up with 5 to 10 minute discussion periods on subsequent days.

Young children have difficulty understanding abstract concepts. Be as concrete and specific as possible in your discussion of the film and personal safety.

Young children have limited ability to generalize from one situation to another. Don't have a question and answer period for k,1, or 2 students. Instead, reinforce over a period of several days with the 5 to 10 minute discussions mentioned earlier. Cover a wide range of situations involving personal safety and also harm by persons known well to the child. Be simple and direct.

Do allow time for a question and answer period for older students (grades 3, 4, and 5). These children have a wider range of intellectual ability and tend to ask many questions. Their imaginations are vivid and you may need to help them assess the real likelihood of some of the situations they envision.

Expect children to react emotionally to personal safety presentations. Regardless of which material you are using, personal safety and child abuse tend to be intense subjects which make all of us anxious. Sometimes we react to our internal discomfort by laughing. Children of different ages and developmental levels tend to focus upon and react emotionally to different parts of your presentation. Allow some group ventilation of feeling and only intervene if this expression is excessive.

Consider your physical environment. If your presentation is to a large group of students, plan to use a microphone so that you are clearly heard by all. If the students are sitting on the floor, allow a short stand and stretch "break" about half-way through the period.

III. Specific Concerns:

Be observant. Children who have been molested or abused may exhibit various behavioral indicators during your presentation. Some of these to watch for are:

1. Questions that indicate a degree of sexual knowledge or experience that would be unusual for the child's age or developmental level.
2. Direct statements made by a child indicating that he/she has been abused or molested.
3. Inattention or disruptive behavior. (This may indicate that a child is "tuning out" the presentation because it is too psychologically threatening).
4. Anxiety reactions (crying, pulling a sweater or jacket up over

the head, squeezing eyes shut, putting fingers in ears, bending down in the chair, prolonged frowning, leaving the room without permission or demanding to leave).

Answer questions. Answer as briefly and simply as possible, using language that the child can understand. If you do not know the answer to a question, say so. Then indicate that you will find out and get back to the child.

Be positive in your language and appearance when responding to questions. Approach the child, make eye contact, and give a verbal reinforcer such as: "That's a very good question!" or "I can see that you've been paying close attention."

Be sensitive to culture. This is a geographic area of great ethnic diversity. Differing cultures may have different expectations about physical closeness, touching and parent-child relationships. If a child's question seems to indicate confusion related to culture, tell the child that you will speak further to her/him privately.

Follow up. If you observe behavioral indicators of abuse as discussed above, interview the child privately. You may determine that you need to make a report to HRS. Or you may find that the child's distress is related to something else, such as illness, an argument with a friend earlier that day, a family problem other than abuse, etc.

On occasion, a child may disclose an abusive situation that has already been reported to HRS and resolved by them. However, the child may not have received treatment services and the abuse or molestation may still have great emotional impact. This child may need referral to private or community resources for therapy.

Consider your own school resources for supportive services for children who experience adverse reactions to personal safety presentations. You may want to engage these children in a group setting to work further on personal safety issues; individual counseling may be needed; you may want to refer to your visiting teacher/school social worker or school psychologist for further evaluation.

BETTER SAFE THAN SORRY II

SYNOPSIS: Better Safe Than Sorry II is designed to teach children to avoid situations of potential child abuse and to help them understand what to do should such a situation occur. In the film, a Host Narrator discusses the problem with a group of children. The children are encouraged to play a game of "Let's Pretend" in which they picture themselves in certain situations and are asked to make decisions based on the circumstances they encounter. Two girls are asked by a man to go with him to help find his dog. Two boys are confronted by the sight of a man who for no particular reason is hanging around their playground. A girl is unexpectedly invited into a neighbor's house on the way home from school. A young boy is told by someone in his home not to tell anyone about an incident that has just transpired.

The target audience is taught through repetition and visual aids that there are three rules to remember whenever they are confronted with a situation that is unfamiliar or possibly dangerous: SAY NO. GET AWAY. TELL SOMEONE.

Example

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

The Nation's Largest Fully Accredited School System



April 10, 1984

PETERS ELEMENTARY SCHOOL,
Joseph M. Schapiro, Principal
851 Northwest 68th Avenue
Plantation, Florida 33317
305/561-1170

Dear Parents:

Today your child saw a program presented by the Broward County Board of Education Welfare and Attendance Office. This program concerned various situations of child abuse and explained how a child should handle himself if confronted with this problem. Although it is a difficult topic to deal with, children should be encouraged to talk about situations they may have heard about involving child abuse. They should also be encouraged to come forward, privately, to a parent, teacher, counselor or principal, if they have ever encountered such a situation.

Below is a brief synopsis of the movie that was shown. It is entitled: Better Safe Than Sorry II.

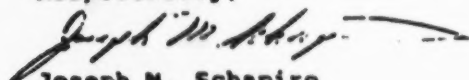
BETTER SAFE THAN SORRY II is designed to teach children to avoid situations of potential child abuse and to help them understand what to do should such a situation occur.

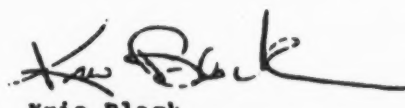
In the film, a Host Narrator discusses the problem with a group of children. The children are encouraged to play a game of "Let's Pretend" in which they picture themselves in certain situations and are asked to make decisions based on the circumstances they encounter. Two girls are asked by a man to go with him to help find his dog. Two boys are confronted by the sight of a man who for no particular reason is hanging around their playground. A girl is unexpectedly invited into a neighbor's house on the way home from school. A young boy is told by someone in his home not to tell anyone about an incestuous incident that has just transpired.

The target audience is taught through repetition and visual aids that there are three rules to remember whenever they are confronted with a situation that is unfamiliar or possibly dangerous: SAY NO. GET AWAY. TELL SOMEONE.

Please encourage your children to discuss the presentation with you openly.

Respectfully,


Joseph M. Schapiro
Principal


Kris Black
Guidance Counselor

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To: Parents

This coming _____ (day) _____, _____ (month) _____, _____ (date) _____, the movie, "Better Safe Than Sorry, Part II," will be shown to your child. This film is designed to teach elementary school children how to avoid potentially dangerous situations. In the film, a host narrator discusses the problem with a group of school children. The children play a game of "let's pretend" in which they picture themselves in certain situations. They are asked to make decisions based on the circumstances they encounter. The children are reminded about the three rules, SAY NO, GET AWAY, TELL SOMEONE, throughout the film.

We are asking parents for their permission for their child to view this film. For those parents not wishing their child to participate in this film viewing, please indicate on the tear off below and send back to _____.

Student's Name _____

Check here:

☐

I do not want the above named child to view _____
_____.

Signature: _____

BETTER SAFE THAN SORRY, PART II

Personal Safety Training Guide

October 1986

For Elementary Schools

OBJECTIVES: Students will be able to:

1. Repeat three rules to remember whenever they are faced with situations that are unfamiliar or possible dangerous.
2. Define the meaning of the word "stranger".
3. Identify harmful situations through game play.
4. Begin to make decisions about what to do when faced with harmful or unfamiliar situations.

Activities

Activity I

At the beginning and ending of the program, show students movie and emphasize the following:

- A. We are showing it because we care about and are concerned about your safety.
- B. We want to give you some rules to use to help you protect yourself.
- C. Some of you will never face the situations that are talked about in the movie, but if you do, we can talk about what you can do.
- D. Movie is called "Better Safe Than Sorry".

Activity II

Group Discussion and Review of Movie

- A. Student Questions
- B. Leader Questions
 - 1. What is a "Stranger"?
 - a. A stranger is someone you don't know, even if they know you.
 - b. Some adults, but not all of them like to hurt children or touch them in ways they should not be touched. These adults can be:
 - 1) strangers
 - 2) a neighbor
 - 3) a friend
 - 4) or someone in your own home

- C. What are the three rules to remember when you find yourself in a situation with an adult that is a stranger, or frightening?

Rules: (use flash cards)

1. Say NO!
2. Get away
3. Tell someone

Activity III

Let's Pretend:

A man that you don't know walks up to you while you are waiting in front of the school for your mother to take you home. This man asks you to get into his car and he will take you home.

What should you do?

- Answer:
1. Say NO!
 2. Get away
 3. Tell someone

Let's Pretend:

You are walking home from school and Mr. Brown your neighbor asks you to come into his house, and you haven't asked your mother or father, what should you do?

Answer: Say NO, then ask your parents if it is okay.

Question:

- 1) If you forget to say no and get away, and you find yourself in a situation where an adult has touched you in a way you don't think you should not be touched, what should you do?

Answer: Tell someone, your parents, your teacher or someone you trust.

Question:

- 2) If an adult touches you in a way you think you should not be touched, whose fault is it?

Answer:

It is the adult's fault. It is always the adults fault, never the child's. A child should not feel guilty and is not to blame.

Summary

Once again what are our three rules we have learned about safety?

- 1). Say NO!
- 2). Get away
- 3). Tell someone

Most of you will never face any of the situations we have talked about or seen in the movie. But if you do or have faced this situation, I encourage you to tell someone, your teacher, counselor or principal. They will know how to help you.

Mistakes in Movie (Better Safe Than Sorry, Part II)

1. Girls walked toward the stranger. (We want you to keep at least 3 steps away)
2. Kids waited too long to tell someone about a stranger hanging around the playground.
3. Girl went inside of neighbor's home. Go straight home from school.

The following examples are not meant to cover all possible situations, we encourage each of you to add to this list.

POINTS OF EMPHASIS

Who is a stranger? A stranger is someone you don't know.

How about if a stranger knows your name.

Ways a stranger may know your name.

- your name on T-shirt, cap jacket, bicycle, book, loose paper
- hears another family member calling you
- listening to you and friends playing

Ways a stranger may approach you.

- faking to be a police officer
- emergency (he wants to take you to your mother/father)
- help him find an address
- help him to find dog, cat, etc.
- give you candy, a pet

Child is temporarily alone at home and --

Stranger calls and ask to talk to a parent or for other information.

- do not converse
- do not say you are alone
- offer to take message and hang up

Stranger knocks at your door.

- do not open the door, keep it locked
- choose either to talk through the door, or not answer at all
- ask to come back later
- leave (do not engage in conversation with stranger)

Encourage them to keep their eyes and ears open. Not everyone is familiar with our rules.

Remember that a stranger can be a man or a woman or someone you know like a teenager or a babysitter.

If child being manhandled - scream, yell, kick.

Use "the Honk" (low noise from stomach - diaphragm which attracts adult's attention).

Emphasize to the children, the right to their own bodies and be able to say "NO" to anyone.

Good touching and bad touching and ? touching. (A touching that may start as a good touching, but may evolve into a kind of touching that makes you feel unpleasant) Bad touching usually is in those parts of your body covered by a swim suit.

Do not go into bathrooms alone. Go in a group or with another person.

Do not play outside (park, playgrounds, etc.) alone.

If any adult asks you to keep a secret that makes you feel uncomfortable, like for example: the way that he/she touched you, tell someone you trust. If they do not believe you, keep telling someone else until someone believes you.



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Carol A. Smith, Director
School Social Work and Attendance
1400 Northeast Sixth Street
Pompano Beach, Florida 33060
(305) 786-7646

APPENDIX C

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William J. Leary, Ed.D.
Superintendent

Child Abuse and Neglect Curriculum Training Guide - Secondary Level

Attached you will find:

- (1) Generic Guide for presenting curriculum materials.
- (2) Description of curriculum materials.
- (3) Approved use of materials.
- (4) Copies of permission letters that may be sent to parents.
- (5) Copy of lesson plans used for presentation.

Burt Caswell, A.C.S.W.
Irene Greene, M.S.W.
Nina Hansen, M.S.W.

Child Abuse and Neglect Coordinators - 786-7749
School Social Work and Attendance Department

SCHOOL SOCIAL WORK AND ATTENDANCE DEPARTMENT

Generic Guidelines for Curriculum Presentation
Middle School and High School Level
Child Abuse and Personal Safety

I. Time Frame: 45-50 Minutes

II. General tips:

Preadolescents and adolescents are in varying stages of "growing up." The social changes during the adolescent period are dramatic and stressful. Ambivalence around "being independent" and "needing nurturance and guidance" is a major issue. Therefore, a discussion of child abuse and personal safety must speak to both the adult and child needs of the adolescent.

Prior to the showing of films concerning child abuse and personal safety, a discussion of the nature and legal ramifications of child abuse and neglect needs to take place. (See lesson plans)

Personal safety issues need to be discussed also. Primary in this discussion would be the enhancement of sensitivity to dangerous situations in which adolescents may find themselves: (date rape, sexual molestation, incest, and familial abuse--physical, neglect, emotional).

Allow time for a question and answer period for the class and private time for those students who may have questions to ask the facilitator which they feel uncomfortable asking in front of the class.

Expect students to react emotionally to personal safety presentations. Personal safety and child abuse tend to be intense subjects which make all of us anxious. Sometimes reactions occur in the form of giggling or verbal "rumblings." Allow some group ventilation of feeling and only intervene if this expression is excessive.

III. Specific Concerns:

Be observant: Students who have been abused or molested may exhibit various behavioral indicators during your presentation.

Some of these to watch for are:

1. Questions which are detailed and reveal possible firsthand experiential knowledge.
2. Direct statements made by student indicating that he/she has been abused or molested.

3. Inattention or disruptive behavior (this may indicate that a student is "tuning out" the presentation because it is too psychologically threatening).
4. Anxiety reactions (crying, head on desk, prolonged frowning, leaving the room, demanding to leave, complaints of nausea, dizziness, or other physical complaints).

Answer questions: Answer as briefly and simply as possible. If you do not know the answer, say so, then indicate that you will find out and get back to the child.

Give positive reinforcement for questions. Be sensitive to culture. This is a geographic area of great ethnic diversity. Differing cultures may have different expectations about physical closeness, touching and parent/child relationships. If a student's questions seem to indicate confusion related to culture, tell the student that you will speak further to him/her privately.

Follow-up: If you observe behavioral indicators of abuse as discussed above, interview the child privately. You may determine that you need to make a report to HRS. (Toll free hotline number: 1-800-96-ABUSE.)

On occasion a student may disclose an abusive situation that has already been reported to HRS and resolved by them. However, the child may have not received treatment services and the abuse and molestation may still have great emotional impact. This child may need referral to private or community resources for therapy/counseling.

Consider your own school resources for supportive services for children who experience adverse reactions to a personal safety presentation. You may want to engage these children in a group setting to work further on personal safety issues, or individual counseling may be needed. You may want to refer to your visiting teacher/school social worker or school psychologist for further evaluation.

CHILD ABUSE AND NEGLECT
Description of Curriculum Materials

"Better Safe Than Sorry, Part III"
Film Fair Productions

This audio-visual material is designed to teach adolescent girls and boys how to avoid potentially dangerous situations. Dramatized examples of these situations (date rape, incest, sexual molestation) are presented and common sense rules for personal safety are suggested.

This is a "trigger" production and will elicit strong emotional reactions on the part of many teenagers. Guided discussion by a trained facilitator is essential for the resolution of conflicting emotional responses.

19 minutes Color
1/2 inch VHS
3/4 inch VHS

"Don't Get Stuck There"
Boys Town Production

This film depicts interviews of actual child abuse/neglect victims. It is designed to help other victims recognize abuse and neglect, and make other teens and adults more aware of the plight of abused adolescents. The film focuses more on feelings about being abused than on concrete information about abuse.

Discussion by a trained facilitator is essential.

19 minutes Color
16 mm film

Contact: Child abuse coordinator for your area

"Child Abuse and Neglect: The Hidden Hurt"
Guidance Associates, Inc.

This four part audio-visual material provides comprehensive information about child abuse and neglect. Different forms of child maltreatment are identified, individual and societal causative factors are discussed, family scenarios depict the effects of abuse on children, and a variety of helpful interventions for prevention and treatment of child abuse are examined.

Part One

Victims and Abusers: Who Are They?
12 minutes

Part Two

Patterns of Abuse and Neglect
15 minutes

Part Three

What If It's Happening to You?
10 Minutes

Part Four

Help Is On The Way
12 minutes

1/2 inch VHS Color
(See attached Quick Reference Guide)

Contact: Health Education Office
(Use attached order form)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
PROGRAM DEVELOPMENT, K-12
HEALTH EDUCATION

RESOURCE ORDER FORM

NAME _____

SCHOOL _____

DATE DESIRED _____

	TITLE(S)	TYPE OF RESOURCE (Kit, Filmstrip, etc.)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

NOTE: All items will be loaned for a MAXIMUM OF TWO WEEKS ONLY. If you have any questions, please call 786-7636.

Return by pony to:

Health Education
Program Development, K-12



Guidance Associates, Inc.

Communications Park, Box 3000, Mount Kisco, New York 10549
Call toll-free (800) 431-1242. In New York State call collect (914) 666-4100

Quick Reference Guide

Child Abuse and Neglect: The Hidden Hurt

Program Objectives ... This program is designed to ... Define the problem of child abuse ... Identify common characteristics of abusers ... Explore key factors that can contribute to parents' abusive behavior ... Examine different kinds of neglect and abuse ... Describe ways to protect abused children, and to help parents break this behavior pattern ... Identify the warning signs of abuse and neglect ... Encourage victims of abuse to seek help.

SUMMARY OF CONTENTS

Part One

- Defines child abuse and neglect.
- Identifies different kinds of child abuse: physical and sexual abuse, physical neglect, and psychological or emotional abuse and neglect.
- Discusses child abuse as a well-concealed problem, with many abusive parents ignorant of the effects of their behavior.
- Describes child abuse as a cyclical problem that cuts across every social stratum.

Part Two

- Examines how society's traditional refusal to interfere in "family matters" perpetuates child abuse and neglect.
- Explores recent attitudinal changes that encourage the reporting of child abuse.
- Discusses ways of combating child abuse—including preparing adolescents to be better parents, educating parents and teens in child development, and distinguishing between discipline and abuse.
- Defines factors contributing to child abuse, including stress and poverty.

- Explores four general characteristics of abusive parents: being abused as children themselves, being isolated from adults who could defuse domestic tension, being unable to handle stress and being unable to understand what children can and cannot do.

Part Three

- Emphasizes that children are not to blame if their parents are abusing them—or their siblings.
- Presents several dramatizations of typical, abusive home situations and encourages viewers to understand what is involved in each case.

Part Four

- Identifies the different kinds of help available to abusive parents—from the informal intervention of a relative, to therapy and official compliance with state and federal laws.
- Discusses Parents Anonymous, a self-help group for abusive parents.
- Explores methods of preventing child abuse, such as educational programs in family life and child development.

QUESTIONS FOR DISCUSSION AND REVIEW

Part One

1. What are some of the reasons child abuse and neglect are so difficult to detect and prevent? Why do you think abusive parents are often unaware that their actions are harmful to their children? Why else might they not try to get help?
2. How would you define the physical abuse of children? How would you distinguish this from physical neglect?
3. What are the characteristics of psychological or emotional abuse? How can this kind of abuse affect a child?
4. Why do you think certain children have positive self-images and others do not?
5. Why do you think that children who were abused or neglected are more likely to become child abusers and neglecters themselves?
6. Is child abuse restricted to any particular segment of society? Why or why not?

Part Two

1. According to this program, we tend to regard the disciplining of a child as entirely the parents' business. Do you think this is right? Explain your answer.
2. Do you believe children have rights? If so, how would you define those rights? What rights have children had historically—especially in the work place?
3. Compare the way most people reacted to evidence of child abuse twenty years ago and the way they are responding today.
4. What is an important first step in breaking the cycle of abuse and neglect? Explain your answer.
5. How can we prepare young people to become better parents?

6. Explain the difference between harsh punishment and effective discipline. Do you think parents should ever use physical punishment in disciplining their children? Why or why not?
7. Why do parents often take out feelings of stress on their children? What factors can cause stress and tension in a household?

Part Three

1. What would you tell a child who is being abused or neglected by his or her parent? What would you tell a child who is witnessing such abusive behavior?
2. Why does a child in an abusive situation not want to fight back?
3. Think about the home situation described by the young woman who used to watch her father beat her mother every week. How would you have felt in her place? What would you have done in the same situation?
4. Why couldn't the teenage boy (who tried to cut the grass for his father) get along with his father?
5. Think about the last dramatization in this segment. What could the older brother do to help his sister? Is this an instance in which the abuser should be removed from the household? Why did the children's mother ignore what was happening?
6. Have you ever known anyone in a situation similar to one of those described in this part of the program? Did you offer that person any advice? What advice would you offer that person now?

Part Four

1. What are some informal ways of helping parents to stop their abusive behavior? What are some more official ways of accomplishing this?
2. What are some of the long-term effects of sexual abuse for a child? What can be done to help heal all the parties involved in such a traumatic situation?

3. Which cases of child abuse require the physical separation of abuser and victim? In which cases can the family stay intact? Do you think this is a good idea? Explain your answer.
4. What is Parents Anonymous and how does this organization function? How and why was the group founded? Who conducts the meetings of this group? What effect do these gatherings have on parents' abusive behavior?
5. Summarize the various methods of dealing with child abuse.
6. What action would you take if someone you knew was abusing his or her child? How would you respond if this person told you the situation was "none of your business"?

Approved Use of Materials

The audio-visual materials described and presented in this unit of training have been approved by The School Board screening committee. It is suggested that they be used for the following grade levels:

Middle School -- grade 8
High School -- grades 9-12

If you or your principal do not feel comfortable utilizing the materials without parental knowledge or consent, we suggest that you use a permission letter (even though this is not required). Sample letters are included in this packet and can easily be adapted for your schools use.

Best professional practice indicates that child abuse/neglect should not be handled on a "one shot" basis in the classroom. There is a wide range of concrete knowledge to be gained by students, as well as a social/emotional awareness and understanding. The sensitive nature of the topic requires time for the student to integrate knowledge with personal experience and feelings. For these reasons, a complete unit on child abuse and neglect should be utilized.

TO: Parents

This coming _____ (day) _____ (month) _____ (date) _____, the movie "Better Safe Than Sorry, III" will be shown to your child. This film is designed to teach adolescent girls and boys how to avoid potentially dangerous situations. Kathy invites a boyfriend into her house to watch TV when no one else is home. Donna describes how she gradually became a victim of incest by her father. Mike and Tim are befriended by the high school coach. Dramatized examples of each situation are presented and common sense rules for personal safety and avoidance are suggested. Victims of sexual abuse are taught that they are not alone and are not to blame for what has happened. Emphasis is placed on the fact that with a teenager's newly discovered freedom comes increased personal responsibility.

We are asking parents for their permission for their child to view this film. For those parents not wishing their child to participate in this film viewing, please indicate on the tear off below and send back to _____ (name) _____.

Student's Name _____

Check here:

☐ I do not want the above named child to view _____
_____.

Signature _____

TO: Parents

This coming _____ (day) _____, _____ (month) _____, _____ (date) _____,

the movie, "Don't Get Stuck There," will be shown to your child.

This film, produced by Boys Town, shows interviews of a few of the tens of thousands of adolescents abused at home each year. It is designed to help other victims recognize abuse and neglect, and make other teens and adults more aware of the plight of abused adolescents.

We are asking parents for their permission for their child to view this film. For those parents not wishing their child to participate in the film viewing, please indicate on the tear off below and send back to _____.

Student's Name _____

Check here:

☐ I do not want the above child to view _____
_____.

Signature _____

LESSON PLAN - CLASS 1

<u>Objectives</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>
To define four different kinds of child maltreatment	(1) General Introduction (2) View tape, Part One: Victims and Abusers: Who are they? (3) Discussion	"Child Abuse and Neglect: The Hidden Hurt" Videotape and Discussion Questions	25 Mins.
To explain one cause of abuse or neglect and describe how it can affect the child To describe general characteristics of the abusive parent To explain societal attitudes about abuse	(4) View tape, Part Two: Patterns of abuse and neglect (5) Discussion	Same as above	25 Mins.
To understand typical home situations of abused or neglected children To identify two feeling commonly experienced by abused children To correctly identify who is responsible for abusive behaviors	LESSON PLAN - CLASS 2 (1) Brief review of Class 1 (2) View tape, Part Three: What If It's Happening To You? (3) Discussion	"Child Abuse and Neglect: The Hidden Hurt" Videotape and Discussion Questions	20 Mins.
To identify three ways in which abusive parents and maltreated children can get help To explain how education can help to prevent child abuse and neglect	(4) View tape, Part Four: Help Is On The Way (5) Discussion (6) Identify resources for help in Broward County	Same as above	30 Mins.

LESSON PLAN - CLASS 3

<u>Objectives</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>
To explain three kinds of sexual abuse To identify two rules for personal safety to avoid sexually abusive situations To explain how to get help for sexual abuse	(1) Brief review of Class 2 (2) View tape (3) Discussion	"Better Safe Than Sorry, Part III" Videotape and Discussion Questions	25 Mins.
To understand the feelings of sexual abuse victims To practice appropriate verbal responses to those who disclose sexual abuse	(4) Divide class into small groups and have them role play the following situations: . your best friend at school tells you her stepfather is sexually molesting her . your mother tells you that Uncle Frank sexually abused her when she was 10 years old (5) General discussion of both situations	Note cards for groups assigning role play situations	25 Mins

LESSON PLAN - CLASS 4

<u>Objectives</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>
To explain one way in which abused adolescents are often treated differently than younger children To understand the psychological impact of abuse on teenagers	(1) Brief review of Class 3 (2) View film (3) Discussion of film	"Don't Get Stuck There" 16 Min. Film	25 Mins.
To describe how child abuse situations are reported and investigated	(4) Discussion of reporting and investigative process	Companion Guide to "Children Who Hurt Cannot Learn"	10 Mins.
To understand the complexity of child maltreatment situations	(5) Divide the class into two teams and ask them to debate one of the following: . abusive parents should not be allowed to have any more children . sexual abusers should be given a life sentence in prison . abused children should be permanently removed from their parents.	Note cards for teams giving the statement to be debated and assigning the PRO or CON position.	15 Mins.